



Rx Products
You Know and Trust

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ALASKA PRESCRIPTION PAD ORDER FORM
THESE SCRIPTS CONTAIN AN EXCLUSIVE SECURITY HOLOGRAM THAT
CAN NOT BE COPIED, SCANNED, ERASED, LIFTED OR ALTERED.

PLEASE **PRINT CLEARLY** AS YOU WOULD LIKE IT TO APPEAR ON THE SCRIPT

TAMPER RESISTANT SCRIPTS

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1 DEA# _____ (only if you want preprinted on scripts)

2 LIC# _____ 3 NPI# _____
 (Only if you want preprinted on scripts) (Only if you want preprinted on scripts)

4 Name 1 _____

5 Name 2 _____

6 Address _____ 7 Suite _____

8 City _____ State _____ Zip _____

9 Tel (_____) _____ 10 Fax (_____) _____
 (Only if you want preprinted on scripts)

***** Please CIRCLE IN INK the amount you want to order *****

SINGLE SHEET SCRIPTS (HOLOGRAM)								*2-PART SCRIPTS (HOLOGRAM)						
Single Scripts = 100 sheets per pad								*2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	8	16	24	32	40	48	96	8	16	24	32	40	48	96
	\$140.00	\$180.00	\$228.00	\$272.00	\$316.00	\$372.00	\$648.00	\$222.00	\$302.00	\$402.00	\$492.00	\$532.00	\$602.00	\$997.00
Set-up	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
S/H	45.25	60.75	62.75	86.85	107.85	110.75	137.95	57.15	69.85	74.50	131.85	159.15	171.45	190.75
Total	\$210.25	\$265.75	\$315.75	\$383.85	\$448.85	\$507.75	\$810.95	\$304.15	\$396.85	\$501.50	\$648.85	\$716.15	\$798.45	\$1212.75

Contact _____ Phone _____

Email Address: _____
 Contact information is for us to reach you with regard to your order and will not be printed on the scripts.

SCRIPTS WILL CONFORM TO YOUR LEGAL STATE FORMAT

DISC AMEX VISA M/C NUMBER _____ EXPIRY DATE _____
 SECURITY CODE _____

* Address verification system for credit. If you are paying by credit card, you MUST put the address where the credit card statement is sent when you receive your bill.

Address _____ Zip _____

Print Cardholder's Name _____

Cardholder's Signature _____ Title _____ Date _____

If mailing in a CHECK for payment, please make check payable to: **Minuteman Press**