Minuteman Press
WE DESIGN, PRINT & PROMOTE...YOU!

RX Products
You Know and Trust

983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050
Fax: 800-500-3060 • Local Fax: 772-567-4609

SEQUENTIALLY NUMBERED

GEORGIA SCHEDULE II PRESCRIPTION PAD ORDER FORM

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

For multiple locations/providers, please attach a second sheet with enlarged script sample or written out instructions.

TAMPER RESISTANT SCRIPTS

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

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

3 NPI# _____ *(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)*

☐ **Shipping address different than Script address,** *please list on seperate sheet.*

TAMPER RESISTANT SCRIPTS

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

	SINGLE SHEET SCRIPT PADS (Numbered) Single Scripts = 100 sheets per pad							***2-PART SCRIPT PADS** (Numbered) *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
	$108.00	$144.00	$184.00	$229.00	$271.00	$318.00	$560.00	$139.00	$166.00	$219.00	$301.00	$374.00	$425.00	$834.00
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	19.25	20.50	22.95	24.65	29.45	35.50	59.85	23.50	25.75	29.75	32.50	35.25	42.65	69.85
Total	**$152.25**	**$189.50**	**$ 231.95**	**$278.65**	**$325.45**	**$378.50**	**$644.85**	**$ 187.50**	**$216.75**	**$279.75**	**$358.50**	**$434.25**	**$492.65**	**$928.85**

Georgia Scripts will have State Seal

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 EXPIRY DATE _____

☐ VISA ☐ M/C NUMBER _____ 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 a CHECK for payment, please make check payable to: Minuteman Press