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RX Products
You Know and Trust

FLORIDA EMR SHEETS TAMPER RESISTANT "BLANK" 8½" X 11" RX PAPER

TAMPER RESISTANT SCRIPTS

TAMPER RESISTANT SCRIPTS

Name on Credit Card _____

Ship to:

Address _____ Suite _____

City _____ State _____ Zip _____

Tel (_____) _____ Fax (_____) _____

Contact _____

Email Address _____

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

*** Please **CHECK** the amount you want to order ***

PLEASE CHECK THE AMOUNT YOU WANT TO ORDER 8 1/2 x 11 Tamper Resistant EMR Paper to be Used with Your Printer

# of Sheets	<input type="checkbox"/> 1,000	<input type="checkbox"/> 2,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 20,000
	\$164.00	\$276.00	\$525.00	\$860.00	\$1440.00
Sales Tax	11.48	19.32	36.75	60.20	100.80
S/H	20.95	23.25	61.55	117.85	228.50
Total	\$196.43	\$ 318.57	\$623.30	\$1038.05	\$1769.30

**If you are tax exempt, delete tax amount from total and supply copy of Tax Exemption Number.

If you are a new client, for security reasons, please fax a current copy of your DEA or Medical License with your EMR order form.

☐ 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**

Shipped Within 2-3 Days From Receipt Of Order & Payment.

Visit us at RxMinutemanPress.com

REV. 05-2025