



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

RX Products  
 You Know and Trust

# PUERTO RICO 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

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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)

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

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

SINGLE SHEET SCRIPT PADS								*2-PART SCRIPT PADS						
Single Scripts = 100 sheets per pad								*2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	4	10	20	30	40	50	100	4	10	20	30	40	50	100
	\$58.00	93.00	110.00	146.00	169.00	206.00	307.00	92.00	135.00	205.00	245.00	284.00	352.00	549.00
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	24.95	36.95	39.95	43.65	47.85	52.50	89.85	32.95	39.95	49.75	59.50	65.95	79.65	109.85
<b>Total</b>	<b>\$107.95</b>	<b>\$154.95</b>	<b>\$174.95</b>	<b>\$214.65</b>	<b>\$241.85</b>	<b>\$283.50</b>	<b>\$421.85</b>	<b>\$149.95</b>	<b>\$199.95</b>	<b>\$279.75</b>	<b>\$329.50</b>	<b>\$374.95</b>	<b>\$456.65</b>	<b>\$683.85</b>

(Orders will ship via USPS)

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