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RX Products
You Know and Trust

TAMPER RESISTANT SHEETS TO USE WITH EHR/EMR
“BLANK” 8½” X 11” RX PAPER

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 CHECK THE AMOUNT YOU WANT TO ORDER

8 1/2 x 11 BLANK 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
	\$138.00	\$246.00	\$440.00	\$741.00	1271.00
S/H	30.75	45.75	108.75	210.85	367.60
Total	\$168.75	\$ 291.75	\$548.75	\$951.85	\$1638.60

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.

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