



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

## WYOMING APPROVED FOR SCHEDULE II-V 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

TAMPER RESISTANT SCRIPTS

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 (\_\_\_\_\_) \_\_\_\_\_

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

(Only if you want preprinted on scripts)

\*\*\* Please CHECK(☒) IN INK the amount you want to order \*\*\*

### SINGLE SHEET SCRIPT PADS

Single Scripts = 100 sheets per pad

Qty	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 24	<input type="checkbox"/> 32	<input type="checkbox"/> 40	<input type="checkbox"/> 48	<input type="checkbox"/> 96
	\$98.00	\$136.00	\$288.00	\$320.00	\$330.00	\$360.00	\$480.00
Set-up	50.00	50.00	50.00	50.00	50.00	50.00	50.00
S/H	23.75	26.50	34.75	40.50	47.55	53.50	99.85
Total	\$171.75	\$212.50	\$207.75	\$410.50	\$427.55	\$463.50	\$629.85

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**

Visit us at [RxMinutemanPress.com](http://RxMinutemanPress.com)

REV. 12-2025