



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

PRESCRIPTION PAD ORDER FORM

**THESE SCRIPTS CONTAIN AN EXCLUSIVE SECURITY HOLOGRAM THAT
CAN NOT BE COPIED, SCANNED, ERASED, LIFTED OR ALTERED.**

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.

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 (HOLOGRAM)

Single Scripts = 100 sheets per pad

Qty	☐ 8	☐ 16	☐ 24	☐ 32	☐ 40	☐ 48	☐ 96
	\$208.00	\$288.00	\$336.00	\$352.00	\$400.00	\$456.00	\$821.00
Set-up	50.00	50.00	50.00	50.00	50.00	50.00	50.00
S/H	22.75	24.50	27.75	32.75	38.55	42.70	65.85
Total	\$280.75	\$362.50	\$413.75	\$434.75	\$488.55	\$548.70	\$936.85

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

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