



RX Products  
You Know and Trust

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Fax: 800-500-3060 • Local Fax: 772-567-4609

## HAWAII 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 \*\*\*

Qty	SINGLE SHEET SCRIPT PADS Single Scripts = 100 sheets per pad							*2-PART SCRIPT PADS *2-Part = 50 Original scripts and 50 blanks copy sheets						
	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	32.95	35.95	41.75	48.25	79.75	98.95	30.55	35.95	41.25	46.90	57.95	91.95	116.85
<b>Total</b>	<b>\$107.95</b>	<b>\$150.95</b>	<b>\$170.95</b>	<b>\$212.75</b>	<b>\$242.25</b>	<b>\$310.75</b>	<b>\$430.95</b>	<b>\$147.55</b>	<b>\$195.95</b>	<b>\$271.25</b>	<b>\$316.90</b>	<b>\$366.95</b>	<b>\$468.95</b>	<b>\$690.85</b>

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**