



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

**SEQUENTIALLY
NUMBERED**

GEORGIA SCHEDULE II 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)

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

SINGLE SHEET SCRIPT PADS (Numbered)								*2-PART SCRIPT PADS (Numbered)						
Single Scripts = 100 sheets per pad								*2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	8	16	24	32	40	48	96	8	16	24	32	40	48	96
	\$94.00	\$120.00	\$150.00	\$184.00	\$216.00	\$252.00	\$432.00	\$123.00	\$140.00	\$183.00	\$252.00	\$313.00	\$334.00	\$685.00
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	18.25	19.50	20.95	22.65	23.45	24.50	29.85	19.50	20.75	21.75	22.50	24.25	26.65	32.85
Total	\$137.25	\$164.50	\$195.95	\$231.65	\$264.45	\$301.50	\$486.85	\$167.50	\$185.75	\$229.75	\$299.50	\$362.25	\$390.65	\$742.85

Georgia Scripts will have State Seal

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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