Minuteman Press
WE DESIGN, PRINT & PROMOTE...YOU!
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

SEQUENTIALLY NUMBERED

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# _____ *(Only if you want preprinted on scripts)* 3 NPI# _____ *(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 seperate sheet.*

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

	SINGLE SHEET SCRIPT PADS (Numbered) Single Scripts = 100 sheets per pad							*2-PART SCRIPT PADS (Numbered) *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
	$118.00	$164.00	$195.00	$235.00	$274.00	$323.00	$565.00	$149.00	$198.00	$263.00	$338.00	$415.00	$495.00	$855.00
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	19.45	21.30	24.25	29.95	32.60	36.40	53.25	20.85	23.95	28.25	32.65	39.50	42.95	73.95
Total	$162.45	$210.30	$244.25	$289.95	$331.60	$384.40	$643.25	$194.85	$246.95	$316.25	$395.65	$479.50	$562.95	$953.95

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

REV. 05-2025