



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

**ALASKA 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

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 (\_\_\_\_\_) \_\_\_\_\_  
 Shipping address different than Script address, please list on seperate sheet. (Only if you want preprinted on scripts)

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

SINGLE SHEET SCRIPTS (HOLOGRAM) Single Scripts = 100 sheets per pad								*2-PART SCRIPTS (HOLOGRAM) *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
	\$163.00	\$216.00	\$273.00	\$330.00	\$392.00	\$455.00	\$816.00	\$250.00	\$346.00	\$458.00	\$564.00	\$622.00	\$702.00	\$1184.00
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	50.75	65.75	70.75	92.75	114.75	117.75	144.75	62.75	74.75	92.75	128.75	166.75	178.75	221.75
<b>Total</b>	<b>\$238.75</b>	<b>\$306.75</b>	<b>\$368.75</b>	<b>\$447.75</b>	<b>\$531.75</b>	<b>\$597.75</b>	<b>\$985.75</b>	<b>\$337.75</b>	<b>\$445.75</b>	<b>\$575.75</b>	<b>\$717.75</b>	<b>\$813.75</b>	<b>\$881.75</b>	<b>\$1430.75</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**