



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

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

**SCRIPTS INCLUDE CHECK BOXES FOR NON-ACUTE PAIN/ACUTE PAIN EXCEPTION**

TAMPER RESISTANT SCRIPTS

TAMPER RESISTANT SCRIPTS

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

SINGLE SHEET SCRIPT PADS (HOLOGRAM) Single Scripts = 100 sheets per pad								*2-PART SCRIPT PADS (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	\$274.00	\$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
Sales Tax	13.16	16.87	21.28	24.85	29.19	33.60	58.87	19.25	25.97	33.81	41.23	45.84	50.09	84.63
S/H	19.25	20.50	21.95	24.65	26.45	28.50	45.85	20.50	22.75	24.75	27.50	39.25	31.65	48.85
<b>Total</b>	<b>\$220.41</b>	<b>\$278.37</b>	<b>\$342.23</b>	<b>\$404.50</b>	<b>\$474.64</b>	<b>\$542.10</b>	<b>\$945.72</b>	<b>\$314.75</b>	<b>\$419.72</b>	<b>\$551.56</b>	<b>\$657.73</b>	<b>\$732.09</b>	<b>\$808.74</b>	<b>\$1342.48</b>

*\*\*If you are tax exempt, delete tax amount from total and supply copy of Tax Exemption Number.*

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**