



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

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 ***

SINGLE SHEET SCRIPT PADS (HOLOGRAM)

Single Scripts = 100 sheets per pad

Qty	8	16	24	32	40	48	96
	\$173.00	\$221.00	\$284.00	\$340.00	\$397.00	\$460.00	\$821.00
Set-up	25.00	25.00	25.00	25.00	25.00	25.00	25.00
Sales Tax	13.86	17.82	21.63	25.55	29.54	33.95	59.22
S/H	19.25	20.50	21.95	24.65	26.45	28.50	45.85
Total	\$231.11	\$284.32	\$352.58	\$415.20	\$477.99	\$547.45	\$951.07

We no longer print 2 part prescription pads.

****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

Visit us at RxMinutemanPress.com

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