



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

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.

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)

*** 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	
	\$146.00	\$188.00	\$234.00	\$280.00	\$330.00	\$384.00	\$672.00	\$228.00	\$310.00	\$408.00	\$500.00	\$547.00	\$614.00	\$1021.00	
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	11.95	14.91	18.13	21.35	24.85	28.63	48.79	17.71	23.45	30.31	36.75	40.04	44.73	73.22	
S/H	18.25	19.75	20.25	21.45	22.15	23.50	33.95	19.25	20.95	21.85	25.55	28.85	29.35	39.65	
Total	\$201.20	\$247.66	\$297.38	\$347.80	\$402.00	\$461.13	\$779.74	\$289.96	\$379.40	\$485.16	\$587.30	\$640.89	\$713.08	\$1158.87	

**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.

☐ 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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