



983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050

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RX Products
You Know and Trust

WASHINGTON STATE 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# _____ 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								*2-PART SCRIPT PADS							
Single Scripts = 100 sheets per pad								*2-Part = 50 Original scripts and 50 blanks copy sheets							
Qty	4	8	24	32	40	48	96	4	8	24	32	40	48	96	
	68.00	98.00	120.00	151.00	174.00	211.00	320.00	102.00	140.00	240.00	281.00	315.00	365.00	574.00	
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	23.60	31.95	34.75	40.50	47.75	78.75	99.55	29.15	34.85	41.35	48.75	55.25	89.75	115.35	
Total	\$116.60	\$154.95	\$179.75	\$216.50	\$246.75	\$314.75	\$444.55	\$156.15	\$199.85	\$306.35	\$354.75	\$395.25	\$479.75	\$714.35	

WA State Seal is printed on scripts

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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