



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

**SEQUENTIALLY
NUMBERED**

GEORGIA SCHEDULE II 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 (_____) _____
(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) Numbered								*2-PART SCRIPTS PADS (HOLOGRAM) Numbered							
Single Scripts = 100 sheets per pad								*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	
	\$180.00	\$231.00	\$298.00	\$360.00	\$407.00	\$478.00	\$855.00	\$266.00	\$361.00	\$475.00	\$579.00	\$678.00	\$727.00	\$1198.00	
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	22.75	23.85	28.25	33.75	42.15	44.60	62.25	24.15	28.95	36.35	51.35	68.65	72.25	82.50	
Total	\$210.75	\$264.85	\$326.25	\$388.75	\$459.15	\$524.60	\$903.25	\$315.15	\$414.95	\$536.35	\$655.35	\$771.65	\$824.25	\$1305.50	

Georgia Scripts will have State Seal

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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