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RX Products  
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**SEQUENTIALLY  
 NUMBERED**

# FLORIDA PRESCRIPTION PAD ORDER FORM

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.

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 (\_\_\_\_\_) \_\_\_\_\_  
 (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 \*\*\***

Qty	SINGLE SHEET SCRIPT PADS (Numbered)							*2-PART SCRIPT PADS (Numbered)						
	Single Scripts = 100 sheets per pad							*2-Part = 50 Original scripts and 50 blanks copy sheets						
	8	16	24	32	40	48	96	8	16	24	32	40	48	96
	\$108.00	\$144.00	\$184.00	\$229.00	\$271.00	\$318.00	\$560.00	\$139.00	\$166.00	\$219.00	\$301.00	\$374.00	\$425.00	\$834.00
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	9.31	11.83	14.63	17.78	20.72	24.01	40.95	11.48	13.37	17.08	22.82	27.93	31.50	60.13
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>\$161.56</b>	<b>\$201.33</b>	<b>\$245.58</b>	<b>\$295.83</b>	<b>\$343.17</b>	<b>\$395.51</b>	<b>\$671.80</b>	<b>\$195.98</b>	<b>\$227.12</b>	<b>\$285.83</b>	<b>\$376.32</b>	<b>\$449.32</b>	<b>\$513.15</b>	<b>\$967.98</b>

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

Contact \_\_\_\_\_ Phone \_\_\_\_\_

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**