



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

TAMPER RESISTANT SCRIPTS

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) 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	
	\$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	
S/H	16.75	18.15	19.25	19.95	22.45	24.95	37.25	17.75	18.95	21.25	27.85	33.65	35.75	47.60	
Total	\$187.75	\$231.15	\$278.25	\$325.95	\$377.45	\$433.95	\$734.25	\$270.75	\$353.95	\$454.25	\$552.85	\$605.65	\$674.75	\$1093.60	

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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