



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

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.

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 (Numbered)								*2-PART SCRIPT PADS (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	
	\$102.00	\$136.00	\$174.00	\$216.00	\$256.00	\$300.00	\$528.00	\$131.00	\$156.00	\$207.00	\$284.00	\$353.00	\$382.00	\$787.00	
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	8.89	11.27	13.93	16.87	19.67	22.75	38.71	10.92	12.67	16.24	21.63	26.46	28.49	56.84	
S/H	18.25	19.50	19.95	22.65	23.45	24.50	35.85	11.50	20.75	21.75	22.50	24.25	26.65	38.85	
Total	\$154.14	\$191.77	\$232.88	\$280.52	\$324.12	\$372.25	\$627.56	\$178.42	\$214.42	\$269.99	\$353.13	\$428.71	\$462.14	\$907.69	

**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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