



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

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)

*** 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	\$132.00	\$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
S/H	18.25	19.50	20.95	22.65	23.45	24.50	29.85	19.50	20.75	21.75	22.50	24.25	26.65	32.85
Total	\$145.25	\$177.50	\$219.95	\$263.65	\$304.45	\$349.50	\$582.85	\$176.50	\$201.75	\$253.75	\$331.50	\$402.25	\$433.65	\$844.85

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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