



983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050
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RX Products
You Know and Trust

TAMPER RESISTANT SHEETS TO USE WITH EHR/EMR “BLANK” 8½” X 11” RX PAPER

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 CHECK THE AMOUNT YOU WANT TO ORDER

8 1/2 x 11 BLANK Tamper Resistant EMR Paper to be Used with Your Printer

# of Sheets	<input type="checkbox"/> 1,000	<input type="checkbox"/> 2,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 20,000
	\$148.00	\$256.00	\$465.00	\$790.00	1360.00
S/H	30.75	45.75	118.75	210.85	367.60
Total	\$178.75	\$ 301.75	\$583.75	\$1000.85	\$1727.60

If you are a new client, for security reasons, please fax a current copy of your DEA or Medical License with your EMR order form.

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**