



983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050
Fax: 800-500-3060 • Local Fax: 772-567-4609

RX Products
You Know and Trust

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

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 ***

SINGLE SHEET SCRIPT PADS Single Scripts = 100 sheets per pad								*2-PART SCRIPT PADS *2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	4	8	24	32	40	48	96	4	8	24	32	40	48	96
	\$68.00	\$98.00	\$120.00	\$151.00	\$174.00	\$211.00	320.00	\$102.00	\$140.00	\$240.00	\$281.00	\$315.00	\$365.00	\$574.00
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	18.35	19.95	20.75	22.95	25.25	28.75	46.95	19.95	20.85	23.35	26.75	30.25	38.95	51.85
Total	\$111.35	\$142.95	\$165.75	\$198.95	\$224.25	\$264.75	\$391.95	\$146.95	\$185.85	\$288.35	\$332.75	\$370.25	\$428.95	\$650.85

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

REV. 05-2025