



RX Products
You Know and Trust

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FLORIDA EMR SHEETS TAMPER RESISTANT "BLANK" 8½" X 11" RX PAPER

TAMPER RESISTANT SCRIPTS

TAMPER RESISTANT SCRIPTS

Name on Credit Card _____

Ship to:

Address _____ Suite _____

City _____ State _____ Zip _____

Tel (_____) _____ Fax (_____) _____

Contact _____

Email Address _____

*** Please **CHECK** the amount you want to order ***

PLEASE CHECK THE AMOUNT YOU WANT TO ORDER

8 1/2 x 11 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
	\$134.00	\$229.00	\$418.00	\$659.00	\$1119.00
Sales Tax	9.38	16.03	29.26	46.13	78.33
S/H	19.95	22.25	59.55	117.85	228.50
Total	\$166.33	\$ 267.28	\$506.81	\$822.98	\$1425.83

**If you are tax exempt, delete tax amount from total and supply copy of Tax Exemption Number.

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.

☐ 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**

Shipped Within 2-3 Days From Receipt Of Order & Payment.

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