



**Rx Products**  
**You Know and Trust**

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# WASHINGTON STATE 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							*2-PART SCRIPT PADS						
	Single Scripts = 100 sheets per pad							*2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	4	10	20	30	40	50	100	4	10	20	30	40	50	100
	\$45.00	\$73.00	\$79.00	\$102.00	\$114.00	\$131.00	\$216.00	\$77.00	\$112.00	\$168.00	\$194.00	\$222.00	\$268.00	\$444.00
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	16.60	17.95	21.75	27.50	30.75	32.75	49.55	19.15	20.85	25.35	32.75	41.25	48.75	57.35
<b>Total</b>	<b>\$86.60</b>	<b>\$115.90</b>	<b>\$125.75</b>	<b>\$154.50</b>	<b>\$166.75</b>	<b>\$188.75</b>	<b>\$290.55</b>	<b>\$121.15</b>	<b>\$157.85</b>	<b>\$218.35</b>	<b>\$251.75</b>	<b>\$288.25</b>	<b>\$341.75</b>	<b>\$526.35</b>

*WA state seal will be printed on the script*

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  VISA  M/C NUMBER \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_  
 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 in a CHECK for payment, please make check payable to: **Minuteman Press**