



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**

FLORIDA PRESCRIPTION PAD ORDER FORM

SCRIPTS INCLUDE CHECK BOXES FOR NON-ACUTE PAIN/ACUTE PAIN EXCEPTION

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) Single Scripts = 100 sheets per pad								*2-PART SCRIPT PADS (Numbered) *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
	\$88.00	\$112.00	\$144.00	\$176.00	\$210.00	\$240.00	\$384.00	\$117.00	\$132.00	\$177.00	\$244.00	\$307.00	\$327.00	\$637.00
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
Sales tax	7.91	9.59	11.83	14.90	16.45	18.55	28.63	9.94	10.99	14.14	18.83	23.24	24.64	46.34
S/H	17.25	18.50	19.95	21.65	22.45	23.50	25.85	18.50	19.75	20.75	21.50	23.25	25.65	28.85
Total	\$138.16	\$140.50	\$162.75	\$237.55	\$237.90	\$307.05	\$463.85	\$144.00	\$187.74	\$236.89	\$309.33	\$378.48	\$402.29	\$737.19

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

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.

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**