



**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

## ALASKA 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)

\*\*\* 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	38.75	42.50	58.75	77.65	83.85	91.50	128.85	42.00	48.75	71.75	91.50	110.95	128.65	131.85
<b>Total</b>	<b>\$108.75</b>	<b>\$140.50</b>	<b>\$162.75</b>	<b>\$204.65</b>	<b>\$222.85</b>	<b>\$247.50</b>	<b>\$369.85</b>	<b>\$144.00</b>	<b>\$185.75</b>	<b>\$339.00</b>	<b>\$310.50</b>	<b>\$357.95</b>	<b>\$421.65</b>	<b>\$600.85</b>

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**