



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

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.

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 CHECK(☒) IN INK the amount you want to order ***

SINGLE SHEET SCRIPT PADS (Numbered)

Single Scripts = 100 sheets per pad

Qty	<input type="checkbox"/> 8	<input type="checkbox"/> 16	<input type="checkbox"/> 24	<input type="checkbox"/> 32	<input type="checkbox"/> 40	<input type="checkbox"/> 48	<input type="checkbox"/> 96
	\$180.00	\$224.00	\$312.00	\$352.00	\$400.00	\$456.00	\$524.00
Set-up	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Sales Tax	16.10	19.18	25.34	28.14	31.50	35.42	40.18
S/H	19.25	20.50	21.95	24.65	26.45	28.50	45.85
Total	\$265.35	\$313.68	\$409.29	\$454.79	\$507.95	\$569.92	\$660.03

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

Contact _____ Phone _____

Address: _____

Contact information is for us to reach you with regard to your order and will not be printed on the scripts.

☐ 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. 12-2025