



983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050  
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RX Products  
You Know and Trust

## CA NON-CONTROLLED SUBSTANCE 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)

☐ Shipping address different than Script address, please list on separate sheet.

\*\*\* Please **CIRCLE IN INK** the amount you want to order \*\*\*

SINGLE SHEET SCRIPT PADS <i>Single Scripts = 100 sheets per pad</i>								*2-PART SCRIPT PADS <i>*2-Part = 50 Original scripts and 50 blanks copy sheets</i>						
Qty	4	8	24	32	40	48	96	4	8	24	32	40	48	96
	\$78.00	\$98.00	\$120.00	\$151.00	\$174.00	\$211.00	320.00	\$102.00	\$140.00	\$240.00	\$281.00	\$315.00	\$365.00	\$574.00
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	20.80	21.75	27.75	32.50	37.75	47.50	59.50	24.00	25.75	29.50	35.50	45.00	53.50	62.75
Total	\$123.80	\$144.75	\$172.75	\$208.50	\$236.75	\$283.50	\$404.50	\$151.00	\$190.75	\$294.50	\$341.50	\$385.00	\$443.50	\$661.75

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 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](http://RxMinutemanPress.com)

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