



983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050

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RX Products
You Know and Trust

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 **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	8	24	32	40	48	96	4	8	24	32	40	48	96	
	\$68.00	\$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	
Sales Tax	6.51	8.61	10.15	12.32	13.93	16.52	24.15	8.89	11.55	18.55	21.42	23.80	27.30	41.93	
S/H	19.25	20.50	21.95	24.65	26.45	28.50	45.85	20.50	22.75	24.75	27.50	39.25	31.65	48.85	
Total	\$220.41	\$278.37	\$342.23	\$404.50	\$474.64	\$542.10	\$945.72	\$156.39	\$199.30	\$308.30	\$345.92	\$403.05	\$448.95	\$689.78	

**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 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

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