Minuteman Press
WE DESIGN, PRINT & PROMOTE...YOU!

RX Products
You Know and Trust

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Fax: 800-500-3060 • Local Fax: 772-567-4609

SEQUENTIALLY NUMBERED

GEORGIA SCHEDULE II PRESCRIPTION PAD ORDER FORM

THESE SCRIPTS CONTAIN AN EXCLUSIVE SECURITY HOLOGRAM THAT CAN NOT BE COPIED, SCANNED, ERASED, LIFTED OR ALTERED.

PLEASE PRINT CLEARLY AS YOU WOULD LIKE IT TO APPEAR ON THE SCRIPT

TAMPER RESISTANT SCRIPTS

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1 DEA# _____ (only if you want preprinted on scripts)

2 LIC# _____ *(Only if you want preprinted on scripts)*

3 NPI# _____ *(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 seperate sheet.*

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

SINGLE SHEET SCRIPT PADS (HOLOGRAM) Numbered
Single Scripts = 100 sheets per pad

Qty	❑ 8	❑ 16	❑ 24	❑ 32	❑ 40	❑ 48	❑ 96
	$224.00	$320.00	$378.00	$448.00	$520.00	$528.00	$864.00
Set-up	50.00	50.00	50.00	50.00	50.00	50.00	50.00
S/H	22.75	22.50	25.75	32.75	38.55	42.70	65.85
Total	**$296.75**	**$392.50**	**$453.75**	**$530.75**	**$608.55**	**$620.70**	**$979.85**

Georgia Scripts will have State Seal

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**