



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

**PUERTO RICO 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# \_\_\_\_\_ 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 (\_\_\_\_\_) \_\_\_\_\_  
 Shipping address different than Script address, please list on seperate sheet. *(Only if you want preprinted on scripts)*

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

SINGLE SHEET SCRIPT PADS (HOLOGRAM)								*2-PART SCRIPTS PADS (HOLOGRAM)						
Single Scripts = 100 sheets per pad								*2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	8	16	24	32	40	48	96	8	16	24	32	40	48	96
	\$163.00	\$216.00	\$279.00	\$330.00	\$392.00	\$455.00	\$816.00	\$250.00	\$346.00	\$458.00	\$564.00	\$622.00	\$702.00	\$1184.00
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	32.75	34.95	38.25	42.95	52.95	61.95	81.25	35.75	42.95	46.25	55.85	63.65	72.75	98.60
<b>Total</b>	<b>\$220.75</b>	<b>\$338.95</b>	<b>\$342.25</b>	<b>\$397.95</b>	<b>\$469.95</b>	<b>\$541.95</b>	<b>\$922.25</b>	<b>\$310.75</b>	<b>\$413.95</b>	<b>\$529.25</b>	<b>\$644.85</b>	<b>\$710.65</b>	<b>\$799.75</b>	<b>\$1307.60</b>

*(Orders will ship via USPS)*

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 SECURITY CODE \_\_\_\_\_  
NUMBER \_\_\_\_\_

*\* 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**