



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

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)

TAMPER RESISTANT SCRIPTS

TAMPER RESISTANT SCRIPTS

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

	SINGLE SHEET SCRIPT PADS Single Scripts = 100 sheets per pad							*2-PART SCRIPT PADS *2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	4	10	20	30	40	50	100	4	10	20	30	40	50	100
	\$45.00	\$73.00	\$79.00	\$102.00	\$114.00	\$131.00	\$216.00	\$77.00	\$112.00	\$168.00	\$194.00	\$222.00	\$268.00	\$444.00
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
7% tax	4.90	6.86	7.28	8.89	9.73	10.92	16.87	7.14	11.62	9.59	15.33	17.29	20.51	32.83
S/H	13.00	13.75	15.35	16.75	17.25	18.75	22.25	13.85	14.65	16.25	17.65	18.95	21.25	22.50
Total	\$87.90	\$118.61	\$126.63	\$152.64	\$165.98	\$185.67	\$280.12	\$122.99	\$163.27	\$218.84	\$251.98	\$283.24	\$334.76	\$524.33

**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 VISA M/C NUMBER _____ EXPIRY DATE _____
 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 in a CHECK for payment, please make check payable to: **Minuteman Press**