



19709 Nordhoff Street | Northridge, CA 91324
 818/341-1003 | Fax 818/341-7330
 www.minutemanpressnorthridge.com

CALIFORNIA STANDARD FORMAT PRESCRIPTION FORM

For each order we require a signed order form (must be signed by prescriber) and a photocopy of the prescriber's DEA license. Repeat orders must also use the same order form again, we suggest that you copy the form for future use. The order form and license may be faxed directly to us a 818-341-7330.

GENERAL INFORMATION: Our standard prescription form is available in two formats. Single Rx format which allows for only one controlled substance, or our multi Rx format which allows for up to three controlled substances. A sample of the Controlled Substance Prescription Form layouts are printed on the other side for your reference. Our price list is for the standard format, any custom layouts or sizes need to be quoted as a custom order. We allow for as many prescribers and or addresses that can fit on the form. Realistically any combination of around four is the maximum that can fit.

DELIVERY: Pads will be shipped direct and the carrier (UPS) will require proof of delivery. Shipping is not included in our price list. Be aware that all orders for prescription forms must be directed to the address on the DEA registration or medical license, no exceptions.

PAYMENT: Once we receive your order you will receive a confirmation fax with your proof and an invoice which will include appropriate shipping charges and sales tax. You may mail a check or fax a credit card authorization form. Order will not be shipped until payment is received.

Thank you for selecting us for all your printing needs. Contact us if any questions arise.

PLEASE NOTE, PRICES BELOW DO NOT INCLUDE SALES TAX OR SHIPPING CHARGES.

SINGLE SHEET PRESCRIPTION PAD PRICE LIST

Number of Pads	Rx Quantity	Single Sheet 100 Rx/Pad	Total Price
10 Pads	1000	10.50 per pad	105.00
20 Pads	2000	7.00 per pad	140.00
40 Pads	4000	5.95 per pad	238.00
60 Pads	6000	5.50 per pad	330.00
80 Pads	8000	4.95 per pad	396.00

CARBONLESS DUPLICATE PRESCRIPTION PAD PRICE LIST

Number of Pads	Rx Quantity	2 Part Carbonless 50 Rx/Pad	Total Price
10 Pads	500	15.75 per pad	157.50
20 Pads	1000	10.50 per pad	210.00
40 Pads	2000	8.75 per pad	350.00
60 Pads	3000	8.25 per pad	495.00
80 Pads	4000	7.75 per pad	620.00

For larger quantities or custom work, please call 818-341-1003 or email: info@minutemanpressnorthridge.com

Thank you for choosing Minuteman Press!

Single Format


JOHN Q. SAMPLE, M.D.
My Speciaty
CA Lic. #A00000 DEA #AB1111111
123 Main Street, Suite 100, Anytown, CA 90000
Tel: (800) 123-4569 • Fax: (800) 123-4567

Batch MMP-1010 Form No. _____

THIS DOCUMENT CONTAINS HIDDEN VOID PANTOGRAPH, MICROPRINTED SIGNATURE LINE, NUMBERING, SECURITY WATERMARK ON BACK OF FORM, THERMOCHROMIC INK RX SYMBOL, PRINTED ON SAFETY PAPER

Name: _____ Date: _____

Address: _____ DOB: _____



Rx
SP-94

1-24
 25-49
 50-74
 75-100
 101-150
 151 and over
 _____ Units
 Refill NR 1 2 3 4 5
 Label in Spanish
 Do Not Substitute---
 Dispense As Written

Void after _____

AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE
Signature _____

Prescription is void if the number of drugs prescribed is not noted. _____

Multi Format


JOHN Q. SAMPLE, M.D.
My Speciaty
CA Lic. #A00000 DEA #AB1111111
123 Main Street, Suite 100, Anytown, CA 90000
Tel: (800) 123-4569 • Fax: (800) 123-4567

Batch MMP-1000 Form No. _____

THIS DOCUMENT CONTAINS HIDDEN VOID PANTOGRAPH, MICROPRINTED SIGNATURE LINE, NUMBERING, SECURITY WATERMARK ON BACK OF FORM, THERMOCHROMIC INK RX SYMBOL, PRINTED ON SAFETY PAPER

Name: _____ Date: _____

Address: _____ DOB: _____



Rx
SP-94

1) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ Units <input type="checkbox"/> Do Not Substitute Refills 0 1 2 3 4 5
2) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ Units <input type="checkbox"/> Do Not Substitute Refills 0 1 2 3 4 5
3) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ Units <input type="checkbox"/> Do Not Substitute Refills 0 1 2 3 4 5

Void after _____

AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE
Signature _____

Prescription is void if the number of drugs prescribed is not noted. _____



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**CALIFORNIA SECURITY RX PRESCRIPTION ORDER FORM
Single Prescriber**

Order Date: _____ Name of Person Ordering: _____ Tel: _____

If repeat order, please fax a copy of your current Rx pad.

- FORMAT: 1 Part Single Rx (only one prescription can be written per Rx) 2 Part Carbonless Single Rx
- 1 Part Multi Rx (up to three prescriptions can be written per Rx) 2 Part Carbonless Multi Rx

QUANTITY OF PADS: 10 20 40 60 80

NOTE: SINGLE PART FORMS ARE 100 PER PAD 2 PART FORMS ARE 50 PER PAD

**ALL THE INFORMATION REQUESTED BELOW MUST BE COMPLETED AND COPY OF
DEA CERTIFICATE & MEDICAL LICENSE ARE REQUIRED TO PROCESS YOUR ORDER.**

Practice Name: _____ DO NOT PRINT ON FORM

Physician Name: _____

Specialty: _____ DO NOT PRINT ON FORM

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ DO NOT PRINT ON FORM

DEA License # _____ CA Medical License # _____

Physician Signature (or authorized person) _____

Special Instructions (if any): _____

Send proof to:(check one)

Email _____

Fax _____

FAX COMPLETED FORM WITH CERTIFICATE & LICENSE TO: 818-341-7330