



# CALIFORNIA SECURITY PRESCRIPTION RX PAD ORDER FORM

19705 Nordhoff Street · Northridge, CA 91324 · 818/341-1003 · Fax 818/341-7330 · info@GotMMP.com · www.GotMMP.com

### CONTACT

Order Date: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Send Proof:  Email  Fax

### BILLING

Payment Method:  Visa/MC  Amex  Discover  Check\* (Make payable to: Minuteman Press)

Credit Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Billing Address: \_\_\_\_\_ CVV2 \_\_\_\_\_

\* If paying by check please call customer service to confirm total amount due. Order will be held until payment is received.

### IMPRINT INFORMATION

*By law, we are required to retain a copy of your DEA Registration and CA Medical License before we can process any order(including reorders). Incomplete orders will be placed on hold.*

➔ Please include DEA Certificate & Medical License FOR EACH PRESCRIBER along with this order form. ⬅

Practice Name: \_\_\_\_\_  DO NOT PRINT ON FORM

Prescriber Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Optional

DEA License # \_\_\_\_\_ CA Medical License # \_\_\_\_\_  
Must Fax a copy of DEA Registration with order Must Fax a copy of license with order

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  DO NOT PRINT ON FORM

Additional Locations.  Additional Prescribers. *Please attach separate sheet with the information.*

Physician Signature (or authorized person) \_\_\_\_\_

Special Instructions (if any): \_\_\_\_\_

### ORDER OPTIONS

New Customer  Repeat Customer  Repeat Order

QTY OF PADS:  10 (minimum order)  20  40  60  80

FORM TYPE:  1 Part Forms (Single Sheets)  2 Part Forms (with Carbonless Duplicate)

FORMAT:  Single Prescription per sheet  Multiple Prescriptions per sheet

| SINGLE SHEET RX |         |           |         |
|-----------------|---------|-----------|---------|
| Pad Qty.        | Rx Qty. | Pad Price | Total   |
| 10              | 1000    | 23.00     | 230.00  |
| 20              | 2000    | 20.00     | 400.00  |
| 40              | 4000    | 17.00     | 680.00  |
| 60              | 6000    | 15.50     | 930.00  |
| 80              | 8000    | 15.00     | 1200.00 |

*Sales Tax not included.*

| CARBONLESS 2 PART RX |         |           |         |
|----------------------|---------|-----------|---------|
| Pad Qty.             | Rx Qty. | Pad Price | Total   |
| 10                   | 500     | 26.00     | 260.00  |
| 20                   | 1000    | 23.00     | 460.00  |
| 40                   | 2000    | 20.50     | 820.00  |
| 60                   | 3000    | 20.00     | 1200.00 |
| 80                   | 4000    | 17.50     | 1400.00 |

*Sales Tax not included.*

### SET-UP CHARGE

First Name/Address .....Included  
Additional Names/Locations..\$10.00 each

### SHIPPING CHARGES

up to \$200 .....\$23.00  
\$201-\$350 .....\$35.00  
\$400-\$599 .....\$48.00  
\$600+ .....FREE

### ADD-ONS

Standard RX Pads:  10 pads / \$50  20 pads / \$100  
4.25 x 5.5 - 20# White Bond single sheet - Black ink - no additional security features

OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

300 BIC clic stic Pens with 2-color barrel imprint / \$170  
Choice of barrel and trim colors with 600 combinations to match your brand

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