



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.

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 attached for reference. Be aware that all orders for prescription forms must be directed to the address on the DEA registration, no exceptions. 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.

Pads will be shipped direct and the carrier (UPS) will require proof of delivery. Shipping is not included in our price list. Once we receive your order you will receive a confirmation fax with your 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.

SINGLE SHEET PRESCRIPTION PAD PRICE LIST

Number of Pads	Rx Quantity	Single Sheet 100 Rx/Pad	Total Price
10 Pads	1000	16.00 per pad	160.00
20 Pads	2000	12.00 per pad	240.00
40 Pads	4000	10.00 per pad	400.00
60 Pads	6000	8.50 per pad	510.00
80 Pads	8000	8.00 per pad	640.00

CARBONLESS DUPLICATE PRESCRIPTION PAD PRICE LIST

Number of Pads	Rx Quantity	2 Part Carbonless 50 Rx/Pad	Total Price
10 Pads	500	19.00 per pad	190.00
20 Pads	1000	16.00 per pad	320.00
40 Pads	2000	13.50 per pad	540.00
60 Pads	3000	13.00 per pad	780.00
80 Pads	4000	10.50 per pad	840.00

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: _____

 <p>Rx SP-94</p>	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. _____



CALIFORNIA SECURITY PRESCRIPTION RX PAD ORDER FORM

19709 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 Order 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	16.00	160.00
20	2000	12.00	240.00
40	4000	10.00	400.00
60	6000	8.50	510.00
80	8000	8.00	640.00

Sales Tax not included.

CARBONLESS 2 PART RX			
Pad Qty.	Rx Qty.	Pad Price	Total
10	500	19.00	190.00
20	1000	16.00	320.00
40	2000	13.50	540.00
60	3000	13.00	780.00
80	4000	10.50	840.00

Sales Tax not included.

SET-UP CHARGE	
First Name/Address	Included
Additional Names/Locations....	\$8.00 each
SHIPPING CHARGES	
up to \$200.....	\$18.00
\$201-\$350.....	\$26.00
\$400 +	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



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818/341-1003 | Fax 818/341-7330
www.minutemanpressnorthridge.com

CALIFORNIA STANDARD FORMAT CONTROLLED SUBSTANCE PRESCRIPTION FORM

NOTE: ALL ORDERS EVEN REPEAT ORDERS require a signed order form (must be signed by prescriber or authorized manager) and a photocopy of each prescriber's current California Medical License and DEA certificate. We suggest that you copy the form for future use.

Order Date: _____ Person Ordering: _____ Tel: _____

If a 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

Special Instructions (if any): _____

Practice Name: _____ DO NOT PRINT ON FORM

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ DO NOT PRINT ON FORM

MULTIPLE DOCTORS PER PAD. PLEASE PRINT THE FOLLOWING DR.'S ON ONE PAD:

Physician Information:

Name: _____

DEA License # _____ CA Medical License # _____

Name: _____

DEA License # _____ CA Medical License # _____

Name: _____

DEA License # _____ CA Medical License # _____

Name: _____

DEA License # _____ CA Medical License # _____

Name: _____

DEA License # _____ CA Medical License # _____

Physician Signature: _____

(or Authorized Person)

Send Proof to: FAX # _____ Attn: _____

(Check one)

Email: _____

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