

Rx Pad Order Form

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CONTACT	Name:	Phone:	Dat	e:	
00	Email:	Fax:	Pro	oof: 🗆 Email 🗔 Fax	
BILLING	Method of Payment: 🔲 Visa/MC 🔲 AmEx	Discover			
	Credit Card Numbe <u>r:</u>		Exp: /	CVV2 <u>:</u>	
8	Billing Addres <u>s:</u>				
IMPRINT INFO	***Please include a DEA Certificate & CA Medical License copy for each prescriber along with this order form***				
	Practice Name:				
	Practitioner Nam <u>e:</u>		Professional Designat <u>ion:</u>		
RINT	License Number:		DEA Number <u>:</u>		
MP	Address <u>:</u> City;		State:	Zip:	
	Phone: Fax:				
	Addition Prescriber (optional - maximum of 4 prescribers on regular size pad. Please call to add more than 4 prescribers.)				
	Additional Locations 🔲 Additional Prescribers (<i>Please attach separate sheet with the information</i>)				
		(Flease allach separa		ionnation)	
	Pad Qty: 🔲 10 Pads (minimum order) 🔲 20 F	Pads 🔲 40 Pads	🔲 60 Pads		
PRCING	Sheet Size: Regular (4.25" x 5.5") (Max 4 Names) Large (5" x 7")				
	Form Type: I PartForms (Single Sheets) I 2 PartForms (With Carbon Duplicate)				
	Prescriptions: Single Prescription per sheet Multiple Prescriptions per sheet				
RC	Regular Pads (4.25" x 5.5") Up to 4 Prescribers Large Pads (5" x 7") Up to 8 Prescri		to 8 Prescribers		
త			1 Part (single sheets) 2 Part (with carbon copy)		
TIONS	Pad Qty # Rx/Order Pad Price # Rx/Order Pad Price		ler Pad Price # Rx/C		
0	10 <i>Pads</i> 1000 \$20.00 500 \$22.00		•	+=	
L O D	20 Pads 2000 \$18.00 1000 \$20.00				
	40 Pads 4000 \$14.00 2000 \$18.00				
	60 <i>Pads</i> 6000 \$13.00 3000 \$16.00				
	ALL PRICES ARE PER PAD - 10 PAD MINIMUM ORDER - SHIPPING AND SALES TAX NOT INCLUDED				
			usiness Cards w/ Ap	nointment Back	
	ADDITIONAL ITEMS		andard: 120# / 16pt		
	Non-Secure Rx Pads: 🔲 10 Pads / \$75 🛛 🔲 20 Pads /	C 4 0 F] 250 / \$29.00		
N			500/\$45.00		
0	□ 300 BIC clic stic Pens with 2-Color barrel imprint / 9	\$170 $_{}$	1000/\$59.00		
ADD-ONS	(Choice of barrel and trim colors with 600 combinations to match yo	ur hrand)	ther Stock Types Avai	lable	
4	OTHER:				

Email or Fax completed Order Form, DEA Certification & CA Medical License to: graphics@mmpsm.com or Fax (650) 377-0180 Rev: 10/8/20