



OFFICE USE ONLY	



CALIFORNIA

TOLL FREE
FAX: 1-888-881-8319

Have you ordered from us before? YES NO

California Approved Secured Prescription Pad Order Form

To complete your order we must have the following information as well as a copy of EACH Doctors current DEA Registration Form as required by The State of California, Department of Justice, Bureau of Narcotic Enforcement. Once we have received this information, by fax or mail, and it is verified, we will proceed with your order. Your credit card will not be charged until your order is verified.

Date of Order _____ Please check specialty Medical Dental Other _____

Name of Practice / Institution _____
(if applicable)

1st Prescriber & Degree _____

License # _____ DEA # _____ NPI # _____

***** IF THIS IS AN INSTITUTION ENTER DESIGNATED PRESCRIBER ABOVE ONLY *****

2nd Prescriber & Degree _____

License # _____ DEA # _____ NPI # _____

3rd Prescriber & Degree _____

License # _____ DEA # _____ NPI # _____

4th Prescriber & Degree _____

License # _____ DEA # _____ NPI # _____

5th Prescriber & Degree _____

License # _____ DEA # _____ NPI # _____

Address 1 _____ Suite _____

City, State, Zip _____

WE CANNOT SHIP TO A P.O. BOX • SIGNATURE WILL BE REQUIRED FOR RECEIPT OF DELIVERY.
SEE PAGE 3 OF THIS ORDER FORM FOR NEW REGULATIONS REGARDING SHIPPING AS REQUIRED BY THE STATE OF CALIFORNIA.

Phone Number (_____) _____

Fax Number (_____) _____

Email: _____
*Optional (This is for communications only, it will not appear on any form or entered into any database whatsoever!)

★FOR ADDITIONAL PRESCRIBERS OR MULTIPLE ADDRESSES SELECT THE BUTTON BELOW TO DOWN LOAD SUPPLEMENTAL PAGE★

08-01-15

ORDER FORM PAGE 1 of 3

MINUTE MAN PRINTERS, INC. / FIVESTAR SAFETY PAPER

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CALIFORNIA PRICE LIST AND PAYMENT INFORMATION

1 PART PRESCRIPTION

(PRICING IS SUBJECT TO CHANGE WITHOUT NOTICE)

5 Pads @ \$9.34 per pad = \$49.04 + Shipping
10 Pads @ \$5.95 per pad = \$62.48 + Shipping
20 Pads @ \$4.72 per pad = \$99.12 + Shipping
40 Pads @ \$4.11 per pad = \$172.62 + Shipping
Call for larger quantities. (There are 100 Prescriptions per pad)

{ IF PAYING BY CHECK, PLEASE CALL FOR SHIPPING CHARGE. }

2 PART PRESCRIPTION **Comes With Insert Tab To Prevent Transfer** (Part 2 is blank white, only what is written is transferred)

10 Pads @ \$7.97 per pad = \$83.69 + Shipping
20 Pads @ \$6.27 per pad = \$131.67 + Shipping
40 Pads @ \$5.66 per pad = \$237.72 + Shipping
80 Pads @ \$5.35 per pad = \$449.40 + Shipping
Call for larger quantities. (There are 50 Prescriptions per pad)

{ IF PAYING BY CHECK, PLEASE CALL FOR SHIPPING CHARGE. }

- Please check one:
Style, CA(W)PN, which includes the Practice Name and up to 3 Doctors
Style, CA(W)DN, which includes up to 5 Doctors but does not include the Practice Name
Style, CA(W)(M)PN, which includes the Practice Name and up to 3 Doctors
Style, CA(W)(M)DN, which includes up to 5 Doctors but does not include the Practice Name
Style, CA(V)PN, which includes the Practice Name and up to 3 Doctors
Style, CA(V)DN, which includes up to 5 Doctors but does not include the Practice Name
Style, CA(V)(M)PN, which includes the Practice Name and up to 3 Doctors
Style, CA(V)(M)DN, which includes up to 5 Doctors but does not include the Practice Name
Style, CA(W)IN, Institution Layout
Style, CA(V)IN, Institution Layout
Style, CA(V)(M)IN, Institution Layout

(W) Indicates Wide Style (V) Indicates Tall Style (IN) Indicates Institutional Style (M) Multipale
This order form can be faxed to our secured location. It must include your credit card number for payment or it can be mailed along with a check for the proper amount to the address below.

Card Type



Credit Card # _____ / _____ / _____ / _____ Expiration Date ____ / ____ CVV # _____
MM / YY

Credit Card Billing Address and Zip Code (Numbers Only)

Address

Zip

E-Check Routing# _____ Checking Account # _____

Check # _____

CONTACT INFORMATION: Same as on Script

Person Placing Order _____ (_____) _____ (_____)
Please Print Contact Phone Ext.

Fax Proof to (_____) _____

PLEASE CHECK YOUR ORDER CAREFULLY TO MAKE SURE THAT ALL INFORMATION IS CORRECT, ALL ITEMS ARE CHECKED AND/OR FILLED IN. INCOMPLETE ORDERS WILL RESULT IN DELAYS.

08-01-15

ORDER FORM PAGE 2 of 2