



OFFICE USE ONLY	



**NEW HAMPSHIRE**

**TOLL FREE  
FAX: 1-888-881-8319**

Have you ordered from us before?	Y	N
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**Medicaid Approved Secured Prescription Pad Order Form**  
(Tamper-Resistant / Tamper-Proof Prescription Pads)

To complete your order we must have the following information. 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. (PLEASE PRINT LEGIBLY)

Date of Order \_\_\_\_\_ Please check specialty    Medical    Dental    Other \_\_\_\_\_

Name of Practice \_\_\_\_\_  
(if applicable)

1st Prescriber & Degree \_\_\_\_\_

License # \_\_\_\_\_ DEA # \_\_\_\_\_ NPI # \_\_\_\_\_

2nd Prescriber & Degree \_\_\_\_\_

License # \_\_\_\_\_ DEA # \_\_\_\_\_ NPI # \_\_\_\_\_

3rd Prescriber & Degree \_\_\_\_\_

License # \_\_\_\_\_ DEA # \_\_\_\_\_ NPI # \_\_\_\_\_

\*\*\*\*\* PLEASE CALL IF YOU HAVE MORE THAN 3 PRESCRIBERS AND ARE INCLUDING THE NAME OF THE PRACTICE TO MAKE SURE THERE IS ROOM \*\*\*\*\*

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

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 2

MINUTE MAN PRINTERS, INC. / FIVESTAR SAFETY PAPER

6014 West Paradise Lane • Glendale, Arizona 85306 • (888) 881-8318 • Fax (888) 881-8319 • www.minutemanprinters.com



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FAX: 1-888-881-8319**

**MEDICAID PRICE LIST AND PAYMENT INFORMATION**

**1 PART PRESCRIPTION**

(PRICING IS SUBJECT TO CHANGE WITHOUT NOTICE)

- 5 Pads \$49.04 + Shipping
- 10 Pads \$62.48 + Shipping
- 20 Pads \$99.12 + Shipping
- 40 Pads \$172.62 + Shipping

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

Call for larger quantities. (There are 100 Prescriptions per pad)

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

- 10 Pads \$83.69 + Shipping
- 20 Pads \$131.67 + Shipping
- 40 Pads \$237.72 + Shipping
- 80 Pads \$449.40 + Shipping

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

Call for larger quantities. (There are 50 Prescriptions per pad)

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

(W) Indicates Wide Style      (V) Indicates Tall Style      (IN) Indicates Institutional Style

This order form can be faxed to our secured location. It must include your credit card number or E-Check information 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**