



# California Board of Pharmacy Approved Secure Prescription Pads

2920 Innsbruck Drive Redding, CA 96003 (530) 221-0400 tel (530) 221-7574 fax www.minutemanpressofredning.com

- Please fill out ALL sections of this form completely.
- Fax back with a COPY OF YOUR DEA CERTIFICATE.

By law we are required to retain a legible copy for our permanent records.

Often, DEA Certificates do not fax well; if this is the case, we may call to request a copy via US Mail.

## 1. DOCTOR INFO

NAME (as it will appear on pad): \_\_\_\_\_

(OPTIONAL) Practice Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL (for proofing purposes): \_\_\_\_\_

DEA Certificate # \_\_\_\_\_ CA Lic. # \_\_\_\_\_

## PRICING TABLE

### Prices do not include tax.

--amounts listed is order total before tax--

	5	10	20	40		5	10	20	40
<b>Regular 1-Part</b> (100 Rx's per pad)	\$135 + Tax	\$185 + Tax	\$255 + Tax	\$365 + Tax	<b>Regular 2-Part</b> (50 Rx's per pad)	\$182.75 + Tax	\$240 + Tax	\$360 + Tax	\$560 + Tax
<b>Large 1-Part</b> (100 Rx's per pad)	\$168.75 + Tax	\$220 + Tax	\$360 + Tax	\$595 + Tax	<b>Large 2-Part</b> (50 Rx's per pad)	\$225 + Tax	\$295 + Tax	\$470 + Tax	\$735 + Tax

Prices effective 12/01/18

## 2. ORDER & PAYMENT

Just check a box for size, type and quantity, fill out the billing information and fax or mail it to us!

Regular Size ( Approximately 4.25" x 5.5" )       1-Part  
 Large Size (5" x 7")       2-Part       5       10       20       40  
 Check Enclosed       VISA       Master Card       AmEx       Discover

Name (as it appears on card) \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Address \_\_\_\_\_ CVV \_\_\_\_\_