



California Board of Pharmacy Approved Secure Prescription Pads

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

- Please fill out ALL sections of this form completely.
- Fax/email 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.
- Shipping Address must be the same as address listed on DEA or on medical license.

PRIMARY CONTACT name: _____

1. DOCTOR INFO

NAME (as it will appear on pad): _____

Practice Name (Required if you have a practice name:) _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL (for proofing purposes): _____

DEA Certificate # _____ CA Lic. # _____

We would like information on E-Prescribe Services through Minuteman Press

Prices do not include tax.

-- amounts listed is order total before tax and shipping --

	2	5	10	15		2	5	10	15
Regular 1-Part (100 Rx's per pad)	\$120 + Tax	\$160 + Tax	\$225 + Tax	\$285 + Tax	Regular 2-Part (50 Rx's per pad)	\$160 + Tax	\$235 + Tax	\$355 + Tax	\$480 + Tax
Large 1-Part (100 Rx's per pad)	\$150 + Tax	\$225 + Tax	\$340 + Tax	\$465 + Tax	Large 2-Part (50 Rx's per pad)	\$190 + Tax	\$260 + Tax	\$380 + Tax	\$500 + Tax

** Price includes up to 5 providers listed per pad. For more than 5 providers, add \$3 for each additional name **

Prices effective 01/01/2022 thru 12/31/2022

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 2 5 10 15
 Large Size (5" x 7") 2-Part
 Check Enclosed VISA Master Card AmEx Discover

Name (as it appears on card) _____

Card Number _____ Exp Date _____

Billing Address _____ CVV _____