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| | |
|----------------|--|
| CONTACT | Name: _____ Phone: _____ Date: _____ |
| | Email: _____ Fax: _____ Proof: <input type="checkbox"/> Email <input type="checkbox"/> Fax |

| | |
|----------------|---|
| BILLING | Method of Payment: <input type="checkbox"/> Visa/MC <input type="checkbox"/> AmEx <input type="checkbox"/> Discover |
| | Credit Card Number: _____ Exp: ____ / ____ CVV2: _____ |
| | Billing Address: _____ |

| | | |
|---|--|-------------------------------------|
| IMPRINT INFO | ***Please include a DEA Certificate & CA Medical License copy for each prescriber along with this order form*** | |
| | Practice Name: _____ | |
| | Practitioner Name: _____ | Professional Designation: _____ |
| | License Number: _____ | DEA Number: _____ |
| | Address: _____ | City: _____ State: _____ Zip: _____ |
| | Phone: _____ | Fax: _____ |
| Addition Prescriber (optional - maximum of 4 prescribers on regular size pad. Please call to add more than 4 prescribers.) | | |
| <input type="checkbox"/> Additional Locations <input type="checkbox"/> Additional Prescribers (Please attach separate sheet with the information) | | |

| OPTIONS & PRICING | Pad Qty: <input type="checkbox"/> 10 Pads (minimum order) <input type="checkbox"/> 20 Pads <input type="checkbox"/> 40 Pads <input type="checkbox"/> 60 Pads | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------------|---------------------------|--|------------|--|------------------------|-----------|---------------------------|------------|-----------|------|------------------------|--|---------------------------|--|--|--|------------------------|--|---------------------------|--|---------|------------|-----------|------------|-----------|---------|------------|-----------|------------|-----------|---------|------------|-----------|--------|------|---------|-----|---------|--------|------|---------|-----|---------|--------|------|---------|------|---------|--------|------|---------|------|---------|--------|------|---------|------|---------|--------|------|---------|------|---------|--------|------|---------|------|---------|--|--|--|--|--|--|--|--|--|--|--------|------|---------|------|---------|--|--|--|--|--|--|--|--|--|
| | Sheet Size: <input type="checkbox"/> Regular (4.25" x 5.5") (Max 4 Names) <input type="checkbox"/> Large (5" x 7") | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Form Type: <input type="checkbox"/> 1 Part Forms (Single Sheets) <input type="checkbox"/> 2 Part Forms (With Carbon Duplicate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Prescriptions: <input type="checkbox"/> Single Prescription per sheet <input type="checkbox"/> Multiple Prescriptions per sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th colspan="5">Regular Pads (4.25" x 5.5") Up to 4 Prescribers</th> <th colspan="5">Large Pads (5" x 7") Up to 8 Prescribers</th> </tr> <tr> <th colspan="2"></th> <th colspan="2">1 Part (single sheets)</th> <th colspan="2">2 Part (with carbon copy)</th> <th colspan="2"></th> <th colspan="2">1 Part (single sheets)</th> <th colspan="2">2 Part (with carbon copy)</th> </tr> <tr> <th>Pad Qty</th> <th># Rx/Order</th> <th>Pad Price</th> <th># Rx/Order</th> <th>Pad Price</th> <th>Pad Qty</th> <th># Rx/Order</th> <th>Pad Price</th> <th># Rx/Order</th> <th>Pad Price</th> <th>Pad Qty</th> <th># Rx/Order</th> <th>Pad Price</th> </tr> </thead> <tbody> <tr> <td>10Pads</td> <td>1000</td> <td>\$20.00</td> <td>500</td> <td>\$22.00</td> <td>10Pads</td> <td>1000</td> <td>\$24.00</td> <td>500</td> <td>\$27.00</td> <td>20Pads</td> <td>2000</td> <td>\$21.00</td> <td>1000</td> <td>\$24.00</td> </tr> <tr> <td>20Pads</td> <td>2000</td> <td>\$18.00</td> <td>1000</td> <td>\$20.00</td> <td>40Pads</td> <td>4000</td> <td>\$19.00</td> <td>2000</td> <td>\$21.00</td> <td>60Pads</td> <td>6000</td> <td>\$17.00</td> <td>3000</td> <td>\$19.00</td> </tr> <tr> <td>40Pads</td> <td>4000</td> <td>\$14.00</td> <td>2000</td> <td>\$18.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>60Pads</td> <td>6000</td> <td>\$13.00</td> <td>3000</td> <td>\$16.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Regular Pads (4.25" x 5.5") Up to 4 Prescribers | | | | | Large Pads (5" x 7") Up to 8 Prescribers | | | | | | | 1 Part (single sheets) | | 2 Part (with carbon copy) | | | | 1 Part (single sheets) | | 2 Part (with carbon copy) | | Pad Qty | # Rx/Order | Pad Price | # Rx/Order | Pad Price | Pad Qty | # Rx/Order | Pad Price | # Rx/Order | Pad Price | Pad Qty | # Rx/Order | Pad Price | 10Pads | 1000 | \$20.00 | 500 | \$22.00 | 10Pads | 1000 | \$24.00 | 500 | \$27.00 | 20Pads | 2000 | \$21.00 | 1000 | \$24.00 | 20Pads | 2000 | \$18.00 | 1000 | \$20.00 | 40Pads | 4000 | \$19.00 | 2000 | \$21.00 | 60Pads | 6000 | \$17.00 | 3000 | \$19.00 | 40Pads | 4000 | \$14.00 | 2000 | \$18.00 | | | | | | | | | | | 60Pads | 6000 | \$13.00 | 3000 | \$16.00 | | | | | | | | | |
| Regular Pads (4.25" x 5.5") Up to 4 Prescribers | | | | | Large Pads (5" x 7") Up to 8 Prescribers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pad Qty | # Rx/Order | Pad Price | # Rx/Order | Pad Price | Pad Qty | # Rx/Order | Pad Price | # Rx/Order | Pad Price | Pad Qty | # Rx/Order | Pad Price | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10Pads | 1000 | \$20.00 | 500 | \$22.00 | 10Pads | 1000 | \$24.00 | 500 | \$27.00 | 20Pads | 2000 | \$21.00 | 1000 | \$24.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20Pads | 2000 | \$18.00 | 1000 | \$20.00 | 40Pads | 4000 | \$19.00 | 2000 | \$21.00 | 60Pads | 6000 | \$17.00 | 3000 | \$19.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40Pads | 4000 | \$14.00 | 2000 | \$18.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60Pads | 6000 | \$13.00 | 3000 | \$16.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL PRICES ARE PER PAD - 10 PAD MINIMUM ORDER - SHIPPING AND SALES TAX NOT INCLUDED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| ADD-ONS | ADDITIONAL ITEMS | Business Cards w/ Appointment Back |
| | Non-Secure Rx Pads: <input type="checkbox"/> 10 Pads / \$65 <input type="checkbox"/> 20 Pads / \$125 | Standard: 120# / 16pt Card Stock |
| | <input type="checkbox"/> 300 BIC clic stic Pens with 2-Color barrel imprint / \$170 (Choice of barrel and trim colors with 600 combinations to match your brand) | <input type="checkbox"/> 250 / \$29.00 <input type="checkbox"/> 500 / \$45.00 <input type="checkbox"/> 1000 / \$59.00 Other Stock Types Available |
| | OTHER: _____ _____ _____ | |

Email or Fax completed Order Form, DEA Certification to either San Mateo or Mountain View Stores

We specialize in providing health care providers with standard and high security Controlled Substance Prescription Pads. Our RX pad products are guaranteed compatible the California State Board of Pharmacy's current regulations for this nation's health care institutions and prescribers succeed for over 25 years by insuring your 100% satisfaction with our products!

California Law Change

Recently the California Department of Justice (CA DOJ) Security Printer Program contacted approved security printers requiring a uniquely printed serial number required on all tamper resistant security prescriptions effective 1/1/19. The new printed serial code consists of a 3 digit alpha code uniquely assigned to each approved security printer by CA DOJ, then other characters containing the date printed and a sequential number.

If you are a prescriber in California using tamper resistant security prescriptions to prescribe controlled substances, you will need to order with the new format as other pads without this will not be accepted. Please see the link below for the recently published regulation.
https://www.pharmacy.ca.gov/licenses/unique_serial.pdf

NEW:

Serialization & Barcode



Rx Pads Security Features

"California Security
Prescription" Watermark

"RX" Thermochromic Ink

Area of Opaque
Writing

Chemical Void Protection

Latent "Void"
Pattern

Microprinted
Sign Line

San Mateo

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WE DESIGN, PRINT & PROMOTE... YOU!