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**CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Proof: ☐ Email ☐ Fax

**BILLING**

**Method of Payment:** ☐ Visa/MC ☐ AmEx ☐ Discover ☐ Check (Make Payable to Minuteman Press)  
 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:** \_\_\_\_\_

**Additional Prescribers: (optional - maximum of 4 prescribers on regular size pad. Please call to add more than 4 prescribers.)** \_\_\_\_\_

**Practitioner Name:** \_\_\_\_\_ **Professional Designation:** \_\_\_\_\_  
**License Number:** \_\_\_\_\_ **DEA Number:** \_\_\_\_\_  
**Practitioner Name:** \_\_\_\_\_ **Professional Designation:** \_\_\_\_\_  
**License Number:** \_\_\_\_\_ **DEA Number:** \_\_\_\_\_  
**Practitioner Name:** \_\_\_\_\_ **Professional Designation:** \_\_\_\_\_  
**License Number:** \_\_\_\_\_ **DEA Number:** \_\_\_\_\_

**Additional Locations: (optional)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**OPTIONS & PRICING**

**Pad Qty:** ☐ 10 (minimum order) ☐ 20 ☐ 40 ☐ 60  
**Sheet Size:** ☐ Regular (4.25" x 5.5") (Max 4 Names) ☐ Large (5" x 7")  
**Form Type:** ☐ 1 Part Forms (Single Sheets) ☐ 2 Part Forms (With Carbon Duplicate)  
**Prescriptions:** ☐ Single Prescription per sheet ☐ Multiple Prescriptions per sheet

**Regular Pads (4.25" x 5.5") Up to 4 Prescribers**

Pad Qty.	1 Part (single sheets)		2 Part (with carbon copy)	
	# Rx/Order	Pad Price	# Rx/Order	Pad Price
10	1000	\$16.00	500	\$18.00
20	2000	\$14.00	1000	\$16.00
40	4000	\$12.00	2000	\$14.00
60	6000	\$11.00	3000	\$13.00

**Large Pads (5" x 7") Up to 8 Prescribers**

Pad Qty.	1 Part (single sheets)		2 Part (with carbon copy)	
	# Rx/Order	Pad Price	# Rx/Order	Pad Price
10	1000	\$20.00	500	\$23.00
20	2000	\$18.00	1000	\$20.00
40	4000	\$16.00	2000	\$18.00
60	6000	\$14.00	3000	\$16.00

**ALL PRICES ARE PER PAD - 10 PAD MINIMUM ORDER - SHIPPING AND SALES TAX NOT INCLUDED**

**Email completed Order Form, DEA Certification & CA Medical License to: [graphics@mmpsm.com](mailto:graphics@mmpsm.com)**