



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.

• Email back with a COPY OF YOUR DEA CERTIFICATE.

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

If scanned DEA Certificates are hard to read, 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. # _____

PRICING TABLE

Prices do not include tax.

Shipping is required if you are located outside of Shasta County

	1	2	4	8	16		1	2	4	8	16
Regular 1-Part (100 Rx's/pad)	\$100 + Tax +\$30 shipping	\$150 + Tax +\$30 shipping	\$250 + Tax +\$30 shipping	\$330 + Tax shipping included	\$395 + Tax shipping included	Regular 2-Part (50 Rx's/pad)	\$125 + Tax +\$30 shipping	\$190 + Tax +\$30 shipping	\$290 + Tax +\$30 shipping	\$350 + Tax shipping included	\$425 + Tax shipping included

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

Prices effective 05/01/2025 thru 12/31/2025

2. ORDER & PAYMENT

Just check a box for type and quantity, fill out the billing information and email it to us!

Please note: All credit /debit card transactions subject to a 3.5% service fee

Regular Size (Approximately 4.25" x 5.5")

☐ 1-Part

☐ 2-Part

☐ 1

☐ 2

☐ 4

☐ 8

☐ 16

☐ Check Enclosed

☐ VISA

☐ Master Card

☐ AmEx

☐ Discover

Name (as it appears on card) _____

Card Number _____ Exp Date _____

Billing Address _____ CVV _____