



# California Board of Pharmacy Approved Secure Prescription Pads

2920 Innsbruck Drive Redding, CA 96003 (530) 221-0400 tel (530) 221-7574 fax www.minutemanpressoofredding.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	
<b>Regular 1-Part</b> (100 Rx's/pad)	\$100	\$150	\$250	\$380	\$445	<b>Regular 2-Part</b> (50 Rx's/pad)	\$125	\$190	\$290	\$400	\$475	
	+ Tax +\$30 shipping	+ Tax +\$30 shipping	+ Tax +\$30 shipping	+ Tax shipping included	+ Tax shipping included		+ Tax +\$30 shipping	+ Tax +\$30 shipping	+ Tax +\$30 shipping	+ Tax shipping included	+ Tax shipping included	
	Normal 7-10 days production RUSH available				Normal 10-15 days production NO RUSH available		Normal 7-10 days production RUSH available				Normal 10-15 days production NO RUSH available	

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

Prices effective 05/15/2026

## 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       1     2     4     8     16

2-Part

Check Enclosed     VISA     Master Card     AmEx     Discover

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

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

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