

The New Print Shop - Prescription Blanks Order Form For APN, PA-C and CNM (Mid-Wives)

ORDER DATE
/ /

P.O. NUMBER
#

Please Fill Out Completely. Incomplete Forms Delay Orders.

Ordering Instructions - Per New Jersey State Regulations:

- All orders and re-orders for NJ Prescription Blanks **MUST BE** submitted in writing.
- **ONE** Order Form per prescription order.
- Address used for shipping **MUST MATCH** with the prescribers ON FILE with the LICENSING BOARD.
- Signature of **EACH** authorized prescriber **MUST BE** provided with each order.
- Copy of medical license of **EACH** prescriber whose name appears on prescription blank required for records.
- APNs and CNMs - **NO** second side address. PAs - up to three additional addresses.

Information to be Printed on Prescription Blank:

Facility Name (Optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (____) _____ Fax # (____) _____

Up to three APNs and up to two PAs per prescription blank. SIGNATURES REQUIRED BY ALL.

Prescriber Name: _____

SIGNATURE REQUIRED BY LAW: _____ DEA # (Optional) _____

Full Lic # _____ NPI # _____

Prescriber Name: _____

SIGNATURE REQUIRED BY LAW: _____ DEA # (Optional) _____

Full Lic # _____ NPI # _____

Prescriber Name: _____

SIGNATURE REQUIRED BY LAW: _____ DEA # (Optional) _____

Full Lic # _____ NPI # _____

Collaborating Doctor: SIGNATURE REQUIRED.

Prescriber Name: _____ Specialty: _____

SIGNATURE REQUIRED BY LAW: _____ DEA # (Optional) _____

Full Lic # _____ Phone (____) _____

Address: _____ City: _____ State: _____ Zip: _____

SHIPPING:

Must be shipped to address on file with Licensing Board. *If shipping to collaborating doctor's address - BOTH prescriber and collaborator MUST sign below.*

Address: _____

City: _____ State: _____ Zip: _____

Prescriber Signature: _____ Collaborating Signature: _____

Prescriber 2 Signature: _____ Prescriber 3 Signature: _____

Proof by Fax or *Email (*preferred - for UPS Tracking): _____

Attn: _____

****ALL PROOFS SENT WITHIN 24 HOURS OF ORDER.****

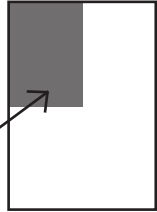
PADDED PRESCRIPTION BLANKS: Please Check One

LASER: Please Check One

| One Part Plain Paper Pad | | | | 2 Part Carbon | | | |
|--------------------------|------------|----------|--------|--------------------------|----------------|----------|--------|
| Quantity | (100 Each) | | Price | Quantity | (50 Sets Each) | | Price |
| <input type="checkbox"/> | 800 | 8 pads | \$85. | <input type="checkbox"/> | 600 Sets | 12 pads | \$120. |
| <input type="checkbox"/> | 1200 | 12 pads | \$100. | <input type="checkbox"/> | 800 Sets | 16 pads | \$134. |
| <input type="checkbox"/> | 1600 | 16 pads | \$115. | <input type="checkbox"/> | 1,000 Sets | 20 pads | \$153. |
| <input type="checkbox"/> | 2000 | 20 pads | \$130. | <input type="checkbox"/> | 1,200 Sets | 24 pads | \$168. |
| <input type="checkbox"/> | 2400 | 24 pads | \$141. | <input type="checkbox"/> | 1,400 Sets | 28 pads | \$189. |
| <input type="checkbox"/> | 2800 | 28 pads | \$156. | <input type="checkbox"/> | 1,600 Sets | 32 pads | \$206. |
| <input type="checkbox"/> | 3200 | 32 pads | \$171. | <input type="checkbox"/> | 2,000 Sets | 40 pads | \$244. |
| <input type="checkbox"/> | 3600 | 36 pads | \$186. | <input type="checkbox"/> | 3,200 Sets | 64 pads | \$339. |
| <input type="checkbox"/> | 4000 | 40 pads | \$201. | <input type="checkbox"/> | 4,000 Sets | 80 pads | \$396. |
| <input type="checkbox"/> | 4800 | 48 pads | \$240. | <input type="checkbox"/> | 5,000 Sets | 100 pads | \$469. |
| <input type="checkbox"/> | 10,000 | 100 pads | \$395. | <input type="checkbox"/> | 10,000 Sets | 200 pads | \$749. |
| SHIPPING \$15.00 | | | | SHIPPING \$15.00 | | | |

| 8 1/2 x 11 Laser Sheets for Printer | | |
|-------------------------------------|---------------|---------|
| Quantity | | Price |
| <input type="checkbox"/> | 500 Sheets | \$157. |
| <input type="checkbox"/> | 1,000 Sheets | \$198. |
| <input type="checkbox"/> | 2,000 Sheets | \$340. |
| <input type="checkbox"/> | 3,000 Sheets | \$463. |
| <input type="checkbox"/> | 4,000 Sheets | \$574. |
| <input type="checkbox"/> | 5,000 Sheets | \$721. |
| <input type="checkbox"/> | 10,000 Sheets | \$1390. |
| <input type="checkbox"/> | 15,000 Sheets | \$2025. |
| <input type="checkbox"/> | 20,000 Sheets | \$2700. |

Shipping Prices May Vary According to Weight - Minimum \$15.00



Laser Print sheets are printed in the upper left hand corner and perforated for easy removal.

LASER SHEETS ARE NOT PADDED!

Workspace for Order Total FULL PAYMENT NEEDED BEFORE DELIVERY



_____ **Base Price**
 _____ 3 Day RUSH (After final approval is received.) - **ADD 50% to Base**
 _____ APN, PA, CNM **ADD \$15**
 _____ 2nd Side Printing (Alternate Address) - **ADD 50% of Base**
 _____ Custom Imprinting - **ADD \$15 Min.** (Call for pricing)
 _____ **\$5.00** Credit Card Fee
 _____ Shipping - \$15.00 Minimum
 _____ **SUBTOTAL**
 x .06875 = _____ **Add .06875% Tax (If exempt - please supply Tax Exempt Certificate)**
\$ _____ **TOTAL DUE**

Payment Information: FULL PAYMENT NEEDED BEFORE DELIVERY

Please send invoice for payment. ***1st Time Order - Check or Credit Card Only** PO# _____
 Practice is an open account with credit card or bank account on secure file.
 Check is enclosed with order (avoid credit card \$5.00 surcharge)
 Please bill credit card Master Card Visa Amex Discover
 Name on Card _____ Exp. Date _____ CCV Security # _____
 Account Number _____ Signature _____ Date _____



NEW PRINT SHOP
Printing Solutions for the Healthcare Industry

Thanks You!

Please Return to: The New Print Shop, 558 Central Ave., New Providence, NJ 07974
Phone: 609.392.0782 • Fax: 609.392.7766 • orders@njprinting.com
Visit our website at: www.njprinting.com