

# The New Print Shop - Prescription Blanks Order Form For MD, DO, DMD, DDS, DPM, DVM, VMD, MVSc, DO, OD & HCF

Please Fill Out Completely. Incomplete Forms Delay Orders.

ORDER DATE

/ /

P.O. NUMBER

#

## 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 & the HCFs **ON FILE** with the LICENSING BOARD.
- Signature of **EACH** authorized prescriber **MUST BE** provided with each order.
- HCFs - Need signature of head physician. (If using Laser Sheets - need to know what software is used to print.)
- License number **MUST BE** provided for each prescriber facility (HCF).
- Copy of medical license of **EACH** prescriber whose name appears on Prescription Blank required for records.

## Information to be Printed on Prescription Blank:

1. Practice or Facility Name (Optional): \_\_\_\_\_
2. Prescriber Name: \_\_\_\_\_ Specialty: \_\_\_\_\_
3. License # \_\_\_\_\_ NPI # \_\_\_\_\_ DEA # (Optional): \_\_\_\_\_
4. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Phone # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_
6. Facility Provider # \_\_\_\_\_ Software used if printing laser sheets \_\_\_\_\_

## MUST HAVE EACH TIME ORDER IS PLACED

Prescriber Signature: \_\_\_\_\_

## Any additional doctors to be printed on same prescription pad. (Up to Four Prescribers)

Prescriber Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

SIGNATURE REQUIRED BY LAW: \_\_\_\_\_ DEA # (Optional) \_\_\_\_\_

Full Lic # \_\_\_\_\_ NPI # \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

SIGNATURE REQUIRED BY LAW: \_\_\_\_\_ DEA # (Optional) \_\_\_\_\_

Full Lic # \_\_\_\_\_ NPI # \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

SIGNATURE REQUIRED BY LAW: \_\_\_\_\_ DEA # (Optional) \_\_\_\_\_

Full Lic # \_\_\_\_\_ NPI # \_\_\_\_\_

## SHIPPING:

**IMPORTANT** - If more than one prescriber is listed on the blank, **ONE** of the prescribers is to responsible for the shipment.

Prescriber Name & Signature: \_\_\_\_\_

**PLEASE NOTE:** By signing, you are the responsible party for this shipment of prescription blanks. Please make certain the "ship to" address is **THE SAME** as it appears with your Medical Licensing Board.

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**

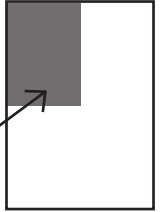
One Part Plain Paper Pad			
Quantity	(100 Each)		Price
<input type="checkbox"/>	800	8 pads	\$85.
<input type="checkbox"/>	1200	12 pads	\$100.
<input type="checkbox"/>	1600	16 pads	\$115.
<input type="checkbox"/>	2000	20 pads	\$130.
<input type="checkbox"/>	2400	24 pads	\$141.
<input type="checkbox"/>	2800	28 pads	\$156.
<input type="checkbox"/>	3200	32 pads	\$171.
<input type="checkbox"/>	3600	36 pads	\$186.
<input type="checkbox"/>	4000	40 pads	\$201.
<input type="checkbox"/>	4800	48 pads	\$240.
<input type="checkbox"/>	10,000	100 pads	\$395.
<b>SHIPPING</b>			<b>\$15.00</b>

2 Part Carbon			
Quantity	(50 Sets Each)		Price
<input type="checkbox"/>	600 Sets	12 pads	\$120.
<input type="checkbox"/>	800 Sets	16 pads	\$134.
<input type="checkbox"/>	1,000 Sets	20 pads	\$153.
<input type="checkbox"/>	1,200 Sets	24 pads	\$168.
<input type="checkbox"/>	1,400 Sets	28 pads	\$189.
<input type="checkbox"/>	1,600 Sets	32 pads	\$206.
<input type="checkbox"/>	2,000 Sets	40 pads	\$244.
<input type="checkbox"/>	3,200 Sets	64 pads	\$339.
<input type="checkbox"/>	4,000 Sets	80 pads	\$396.
<input type="checkbox"/>	5,000 Sets	100 pads	\$469.
<input type="checkbox"/>	10,000 Sets	200 pads	\$749.
<b>SHIPPING</b>			<b>\$15.00</b>

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.
<b>Shipping Prices May Vary</b> 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**  
 \_\_\_\_\_ More than one MD - **ADD \$25 Per Name**  
 \_\_\_\_\_ OPT/EYE - **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**  
 \_\_\_\_\_ Add .06875% Tax (If exempt - please supply Tax Exempt Certificate)  
 \_\_\_\_\_ **TOTAL DUE**

x .06875 =  
 \$ \_\_\_\_\_

**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](http://www.njprinting.com)