

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

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 **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

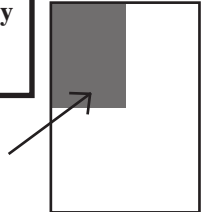
One Part Plain Paper Pad		
Quantity	(100 Each)	Price
<input type="checkbox"/>	800	8 pads \$85.
<input type="checkbox"/>	1200	12 pads \$100.
<input type="checkbox"/>	1600	16 pads \$115.
<input type="checkbox"/>	2000	20 pads \$130.
<input type="checkbox"/>	2400	24 pads \$141.
<input type="checkbox"/>	2800	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.
SHIPPING \$15.00		

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.
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: (Optional)



_____	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 .07 =	Add 7% Tax (If exempt - please supply Tax Exempt Certificate)
\$ _____	TOTAL DUE

Payment Information:

Please send invoice for payment. 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