

# 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/CHECKLIST - PLEASE REVIEW EVERYTHING PRIOR TO SENDING ORDER:

- Copy of medical license of EACH prescriber whose name appears on prescription blank required for records.
- Signature of EACH authorized prescriber MUST BE provided with each order.
- 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.
- 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. \*\*\*\*

# PRICING

One Part Plain Paper Pad (Single Sheet)		Two Part Carbon(less) (Two Sheets Top/Yellow)		Perforated Laser Sheets for Printer (Regular – Printed Upper Left)		Perforated Laser Sheets for Printer ("U" – Printed Upper Middle)	
QTY (100 Each)	Price	QTY (50 Sets Each)	Price	QTY	Price	QTY	Price
<input type="checkbox"/> 8 pads.....	\$102	<input type="checkbox"/> 12 pads.....	\$148	<input type="checkbox"/> 500 sheets.....	\$190	<input type="checkbox"/> 500 U sheets.....	\$245
<input type="checkbox"/> 12 pads.....	\$132	<input type="checkbox"/> 16 pads.....	\$173	<input type="checkbox"/> 1000 sheets.....	\$238	<input type="checkbox"/> 1000 U sheets.....	\$295
<input type="checkbox"/> 16 pads.....	\$151	<input type="checkbox"/> 20 pads.....	\$184	<input type="checkbox"/> 2000 sheets.....	\$410	<input type="checkbox"/> 2000 U sheets.....	\$465
<input type="checkbox"/> 20 pads.....	\$159	<input type="checkbox"/> 24 pads.....	\$203	<input type="checkbox"/> 3000 sheets.....	\$547	<input type="checkbox"/> 3000 U sheets.....	\$603
<input type="checkbox"/> 24 pads.....	\$170	<input type="checkbox"/> 28 pads.....	\$241	<input type="checkbox"/> 4000 sheets.....	\$678	<input type="checkbox"/> 4000 U sheets.....	\$733
<input type="checkbox"/> 28 pads.....	\$189	<input type="checkbox"/> 32 pads.....	\$267	<input type="checkbox"/> 5000 sheets.....	\$852	<input type="checkbox"/> 5000 U sheets.....	\$908
<input type="checkbox"/> 32 pads.....	\$210	<input type="checkbox"/> 40 pads.....	\$325	<input type="checkbox"/> 10,000 sheets.....	\$1628	<input type="checkbox"/> 10,000 U sheets.....	\$1683
<input type="checkbox"/> 36 pads.....	\$231	<input type="checkbox"/> 64 pads.....	\$520	<input type="checkbox"/> 15,000 sheets.....	\$2392	<input type="checkbox"/> 15,000 U sheets.....	\$2446
<input type="checkbox"/> 40 pads.....	\$251	<input type="checkbox"/> 80 pads.....	\$648	<input type="checkbox"/> 20,000 sheets.....	\$3188	<input type="checkbox"/> 20,000 U sheets.....	\$3244
<input type="checkbox"/> 48 pads.....	\$301	<input type="checkbox"/> 100 pads.....	\$803				
<input type="checkbox"/> 100 pads.....	\$624	<input type="checkbox"/> 200 pads.....	\$1286				
<b>Normal Production Time:</b> 3-5 business days after proof approval		<b>Normal Production Time:</b> 3-5 business days after proof approval		<b>Normal Production Time:</b> 5-7 business days after proof approval		<b>Normal Production Time:</b> 7-10 business days after proof approval	
<b>Rush Production Time:</b> Within 3 business days after proof approval		<b>Rush Production Time:</b> Within 3 business days after proof approval		<b>Rush Production Time:</b> Within 5 business days after proof approval		<b>Rush Production Time:</b> Within 7 business days after proof approval	

## Workspace for Order Total: (Optional)



\_\_\_\_\_ **Base Price**

\_\_\_\_\_ RUSH (When Available) Final approval needed by 10 a.m. **ADD 50% of Base**

\_\_\_\_\_ More than one MD - **ADD \$25 Per Name**

\_\_\_\_\_ APN, PAC, OPT, EYE, HCF (Health Care Facility) - **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 - \$20.00 Minimum (**Call for pricing if sending a check.**)

\_\_\_\_\_ **SUBTOTAL**

\_\_\_\_\_ **Add 6.625% Tax (If exempt - please supply Tax Exempt Certificate)**

**\$** \_\_\_\_\_ **TOTAL DUE**

\*\* We charge extra for additional proofs\*\*

## Payment Information:

**Check or Credit Card Only - PAYMENT DUE WHEN ORDERING. PLEASE CHECK THE FOLLOWING:**

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) PO# \_\_\_\_\_

Please bill credit card     Master Card     Visa     Amex     Discover

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_ CCV Security # \_\_\_\_\_

Account Number \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank You For Your Order!**

**Please Return to: The New Print Shop**  
**558 Central Ave., New Providence, NJ 07974**  
**Phone: 609.392.0782 • Fax: 609.392.7766**  
**2nd fax: 908-277-0404 • orders@njprinting.com**



**We are more than just Prescription Blanks!**  
 We print all medical forms, business/appointment cards  
 office stationery and so much more!  
**Visit our website at: [www.njprinting.com](http://www.njprinting.com)**