

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 made 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.****

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				
Normal Production Time: 3-5 business days after proof approval		Normal Production Time: 3-5 business days after proof approval		Normal Production Time: 5-7 business days after proof approval		Normal Production Time: 7-10 business days after proof approval	
Rush Production Time: Within 3 business days after proof approval		Rush Production Time: Within 3 business days after proof approval		Rush Production Time: Within 5 business days after proof approval		Rush Production Time: 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



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