

# 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.....	\$115	<input type="checkbox"/> 12 pads.....	\$163	<input type="checkbox"/> 500 sheets.....	\$207	<input type="checkbox"/> 500 U sheets.....	\$265
<input type="checkbox"/> 12 pads.....	\$146	<input type="checkbox"/> 16 pads.....	\$189	<input type="checkbox"/> 1000 sheets.....	\$257	<input type="checkbox"/> 1000 U sheets.....	\$317
<input type="checkbox"/> 16 pads.....	\$166	<input type="checkbox"/> 20 pads.....	\$201	<input type="checkbox"/> 2000 sheets.....	\$439	<input type="checkbox"/> 2000 U sheets.....	\$496
<input type="checkbox"/> 20 pads.....	\$174	<input type="checkbox"/> 24 pads.....	\$221	<input type="checkbox"/> 3000 sheets.....	\$582	<input type="checkbox"/> 3000 U sheets.....	\$641
<input type="checkbox"/> 24 pads.....	\$186	<input type="checkbox"/> 28 pads.....	\$261	<input type="checkbox"/> 4000 sheets.....	\$719	<input type="checkbox"/> 4000 U sheets.....	\$777
<input type="checkbox"/> 28 pads.....	\$206	<input type="checkbox"/> 32 pads.....	\$288	<input type="checkbox"/> 5000 sheets.....	\$902	<input type="checkbox"/> 5000 U sheets.....	\$961
<input type="checkbox"/> 32 pads.....	\$228	<input type="checkbox"/> 40 pads.....	\$349	<input type="checkbox"/> 10,000 sheets.....	\$1717	<input type="checkbox"/> 10,000 U sheets.....	\$1775
<input type="checkbox"/> 36 pads.....	\$250	<input type="checkbox"/> 64 pads.....	\$553	<input type="checkbox"/> 15,000 sheets.....	\$2519	<input type="checkbox"/> 15,000 U sheets.....	\$2576
<input type="checkbox"/> 40 pads.....	\$271	<input type="checkbox"/> 80 pads.....	\$688	<input type="checkbox"/> 20,000 sheets.....	\$3355	<input type="checkbox"/> 20,000 U sheets.....	\$3414
<input type="checkbox"/> 48 pads.....	\$324	<input type="checkbox"/> 100 pads.....	\$851				
<input type="checkbox"/> 100 pads.....	\$663	<input type="checkbox"/> 200 pads.....	\$1358				
<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> 5-7 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 5 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 Prescriber - **ADD \$25 Per Name**

\_\_\_\_\_ OPT, EYE, HCF (Health Care Facility) - **ADD \$10**

\_\_\_\_\_ 2nd Side Printing (Alternate Address) - **ADD 50% of Base**

\_\_\_\_\_ Custom Imprinting - **ADD \$20 Minimum** (Call for pricing)

\_\_\_\_\_ 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.

Please bill credit card     Master Card     Visa     Amex     Discover    **PO#** \_\_\_\_\_

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**



**NEW PRINT SHOP**  
*Printing Solutions for the Healthcare Industry*

**We are more than just Prescription Blanks!**  
 We print all medical forms, business/appointment cards  
 office stationery and so much more!  
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