

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 \$88.
<input type="checkbox"/>	1200	12 pads \$103.
<input type="checkbox"/>	1600	16 pads \$119.
<input type="checkbox"/>	2000	20 pads \$134.
<input type="checkbox"/>	2400	24 pads \$145.
<input type="checkbox"/>	2800	28 pads \$161.
<input type="checkbox"/>	3200	32 pads \$176.
<input type="checkbox"/>	3600	36 pads \$192.
<input type="checkbox"/>	4000	40 pads \$207.
<input type="checkbox"/>	4800	48 pads \$247.
<input type="checkbox"/>	10,000	100 pads \$407.
SHIPPING \$15.00		


2 Part Carbon		
Quantity	(50 Sets Each)	Price
<input type="checkbox"/>	600 Sets	12 pads \$124.
<input type="checkbox"/>	800 Sets	16 pads \$138.
<input type="checkbox"/>	1,000 Sets	20 pads \$158.
<input type="checkbox"/>	1,200 Sets	24 pads \$173.
<input type="checkbox"/>	1,400 Sets	28 pads \$195.
<input type="checkbox"/>	1,600 Sets	32 pads \$212.
<input type="checkbox"/>	2,000 Sets	40 pads \$251.
<input type="checkbox"/>	3,200 Sets	64 pads \$349.
<input type="checkbox"/>	4,000 Sets	80 pads \$408.
<input type="checkbox"/>	5,000 Sets	100 pads \$483.
<input type="checkbox"/>	10,000 Sets	200 pads \$771.
SHIPPING \$15.00		

8 1/2 x 11 Laser Sheets for Printer	
Quantity	Price
<input type="checkbox"/>	500 Sheets \$162.
<input type="checkbox"/>	1,000 Sheets \$204.
<input type="checkbox"/>	2,000 Sheets \$350.
<input type="checkbox"/>	3,000 Sheets \$477.
<input type="checkbox"/>	4,000 Sheets \$591.
<input type="checkbox"/>	5,000 Sheets \$743.
<input type="checkbox"/>	10,000 Sheets \$1420.
<input type="checkbox"/>	15,000 Sheets \$2086.
<input type="checkbox"/>	20,000 Sheets \$2781.
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 (When Available). Final approval needed by 10 a.m. ADD 50% to Base
	_____ APN, PA, CNM ADD \$15 each additional
	_____ 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 .06625 = _____ Add 6.625% Tax (If exempt - please supply Tax Exempt Certificate)
	\$ _____ TOTAL DUE

Payment Information:

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 • (2nd fax: 908.277.0404) • orders@njprinting.com
 Visit our website at: www.njprinting.com