

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.****

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 (When Available). Final approval needed by 10 a.m. ADD 50% of Base
	_____	More than one MD - ADD \$25 Per Name
	_____	OPT/EYE - 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
	_____	Add 6.625% Tax (If exempt - please supply Tax Exempt Certificate)
_____	TOTAL DUE	

x .06625 = _____
 \$ _____

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