

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:

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)
- Please bill credit card Master Card Visa Amex Discover

PO# _____

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