

# 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/CHECKLIST - PLEASE REVIEW EVERYTHING PRIOR TO SENDING ORDER:

- Copy of medical license of EACH prescriber whose name appears on prescription blank required for records.
- Signature of EACH authorized prescriber MUST BE provided with each order.
- 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.
- 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. \*\*\*\*

# PRICING

One Part Plain Paper Pad (Single White Sheet)		Two Part Carbon(less) (White/Yellow Sheets)		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.....	\$96	<input type="checkbox"/> 12 pads.....	\$139	<input type="checkbox"/> 500 sheets.....	\$177	<input type="checkbox"/> 500 U sheets.....	\$229
<input type="checkbox"/> 12 pads.....	\$124	<input type="checkbox"/> 16 pads.....	\$162	<input type="checkbox"/> 1000 sheets.....	\$223	<input type="checkbox"/> 1000 U sheets.....	\$275
<input type="checkbox"/> 16 pads.....	\$141	<input type="checkbox"/> 20 pads.....	\$172	<input type="checkbox"/> 2000 sheets.....	\$383	<input type="checkbox"/> 2000 U sheets.....	\$435
<input type="checkbox"/> 20 pads.....	\$149	<input type="checkbox"/> 24 pads.....	\$190	<input type="checkbox"/> 3000 sheets.....	\$521	<input type="checkbox"/> 3000 U sheets.....	\$574
<input type="checkbox"/> 24 pads.....	\$159	<input type="checkbox"/> 28 pads.....	\$225	<input type="checkbox"/> 4000 sheets.....	\$646	<input type="checkbox"/> 4000 U sheets.....	\$698
<input type="checkbox"/> 28 pads.....	\$177	<input type="checkbox"/> 32 pads.....	\$250	<input type="checkbox"/> 5000 sheets.....	\$812	<input type="checkbox"/> 5000 U sheets.....	\$864
<input type="checkbox"/> 32 pads.....	\$200	<input type="checkbox"/> 40 pads.....	\$310	<input type="checkbox"/> 10,000 sheets.....	\$1551	<input type="checkbox"/> 10,000 U sheets.....	\$1603
<input type="checkbox"/> 36 pads.....	\$220	<input type="checkbox"/> 64 pads.....	\$496	<input type="checkbox"/> 15,000 sheets.....	\$2278	<input type="checkbox"/> 15,000 U sheets.....	\$2330
<input type="checkbox"/> 40 pads.....	\$239	<input type="checkbox"/> 80 pads.....	\$617	<input type="checkbox"/> 20,000 sheets.....	\$3037	<input type="checkbox"/> 20,000 U sheets.....	\$3090
<input type="checkbox"/> 48 pads.....	\$287	<input type="checkbox"/> 100 pads.....	\$765				
<input type="checkbox"/> 100 pads.....	\$595	<input type="checkbox"/> 200 pads.....	\$1225				
<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> 7-10 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 7 business days after proof approval	

## Workspace for Order Total: (Optional)

	<p>_____ <b>Base Price</b></p> <p>_____ RUSH (When Available) Final approval needed by 10 a.m. <b>ADD 50% of Base</b></p> <p>_____ More than one MD - <b>ADD \$25 Per Name</b></p> <p>_____ APN, PAC, OPT, EYE, HCF (Health Care Facility) - <b>ADD \$15</b></p> <p>_____ 2nd Side Printing (Alternate Address) - <b>ADD 50% of Base</b></p> <p>_____ Custom Imprinting - <b>ADD \$15 Min.</b> (Call for pricing)</p> <p>_____ <b>\$5.00</b> Credit Card Fee</p> <p>_____ Shipping - \$20.00 Minimum (<b>Call for pricing if sending a check.</b>)</p> <p>_____ <b>SUBTOTAL</b></p> <p>_____ <b>Add 6.625% Tax (If exempt - please supply Tax Exempt Certificate)</b></p> <p>_____ <b>TOTAL DUE</b></p>
x .06625= \$ _____	

### 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!

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](mailto:orders@njprinting.com)  
 Visit our website at: [www.njprinting.com](http://www.njprinting.com)