

# 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.....	\$92	<input type="checkbox"/> 12 pads.....	\$129	<input type="checkbox"/> 500 sheets.....	\$168	<input type="checkbox"/> 500 U sheets.....	\$218
<input type="checkbox"/> 12 pads.....	\$108	<input type="checkbox"/> 16 pads.....	\$144	<input type="checkbox"/> 1000 sheets.....	\$212	<input type="checkbox"/> 1000 U sheets.....	\$262
<input type="checkbox"/> 16 pads.....	\$124	<input type="checkbox"/> 20 pads.....	\$164	<input type="checkbox"/> 2000 sheets.....	\$364	<input type="checkbox"/> 2000 U sheets.....	\$414
<input type="checkbox"/> 20 pads.....	\$139	<input type="checkbox"/> 24 pads.....	\$180	<input type="checkbox"/> 3000 sheets.....	\$496	<input type="checkbox"/> 3000 U sheets.....	\$546
<input type="checkbox"/> 24 pads.....	\$151	<input type="checkbox"/> 28 pads.....	\$203	<input type="checkbox"/> 4000 sheets.....	\$615	<input type="checkbox"/> 4000 U sheets.....	\$665
<input type="checkbox"/> 28 pads.....	\$168	<input type="checkbox"/> 32 pads.....	\$220	<input type="checkbox"/> 5000 sheets.....	\$773	<input type="checkbox"/> 5000 U sheets.....	\$823
<input type="checkbox"/> 32 pads.....	\$183	<input type="checkbox"/> 40 pads.....	\$261	<input type="checkbox"/> 10,000 sheets.....	\$1477	<input type="checkbox"/> 10,000 U sheets.....	\$1527
<input type="checkbox"/> 36 pads.....	\$200	<input type="checkbox"/> 64 pads.....	\$363	<input type="checkbox"/> 15,000 sheets.....	\$2169	<input type="checkbox"/> 15,000 U sheets.....	\$2219
<input type="checkbox"/> 40 pads.....	\$215	<input type="checkbox"/> 80 pads.....	\$424	<input type="checkbox"/> 20,000 sheets.....	\$2892	<input type="checkbox"/> 20,000 U sheets.....	\$2942
<input type="checkbox"/> 48 pads.....	\$257	<input type="checkbox"/> 100 pads.....	\$502				
<input type="checkbox"/> 100 pads.....	\$424	<input type="checkbox"/> 200 pads.....	\$802				
<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)

	<table style="width: 100%;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">_____</td> <td><b>Base Price</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td>RUSH (When Available) Final approval needed by 10 a.m. <b>ADD 50% of Base</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td>More than one MD - <b>ADD \$25 Per Name</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td>OPT/EYE, HCF (Health Care Facility) - <b>ADD \$15</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td>2nd Side Printing (Alternate Address) - <b>ADD 50% of Base</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td>Custom Imprinting - <b>ADD \$15 Min.</b> (Call for pricing)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td><b>\$5.00</b> Credit Card Fee</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td>Shipping - \$15.00 Minimum</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td><b>SUBTOTAL</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td>Add 6.625% Tax (If exempt - please supply Tax Exempt Certificate)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td><b>TOTAL DUE</b></td> </tr> </table>	_____	<b>Base Price</b>	_____	RUSH (When Available) Final approval needed by 10 a.m. <b>ADD 50% of Base</b>	_____	More than one MD - <b>ADD \$25 Per Name</b>	_____	OPT/EYE, HCF (Health Care Facility) - <b>ADD \$15</b>	_____	2nd Side Printing (Alternate Address) - <b>ADD 50% of Base</b>	_____	Custom Imprinting - <b>ADD \$15 Min.</b> (Call for pricing)	_____	<b>\$5.00</b> Credit Card Fee	_____	Shipping - \$15.00 Minimum	_____	<b>SUBTOTAL</b>	_____	Add 6.625% Tax (If exempt - please supply Tax Exempt Certificate)	_____	<b>TOTAL DUE</b>
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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)