

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

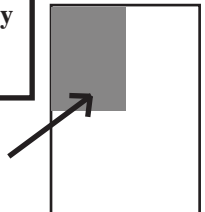
One Part Plain Paper Pad				2 Part Carbon			
Quantity	(100 Each)	Price	Quantity	(50 Sets Each)	Price		
<input type="checkbox"/>	800	8 pads	\$88.	<input type="checkbox"/>	600 Sets	12 pads	\$124.
<input type="checkbox"/>	1200	12 pads	\$103.	<input type="checkbox"/>	800 Sets	16 pads	\$138.
<input type="checkbox"/>	1600	16 pads	\$119.	<input type="checkbox"/>	1,000 Sets	20 pads	\$158.
<input type="checkbox"/>	2000	20 pads	\$134.	<input type="checkbox"/>	1,200 Sets	24 pads	\$173.
<input type="checkbox"/>	2400	24 pads	\$145.	<input type="checkbox"/>	1,400 Sets	28 pads	\$195.
<input type="checkbox"/>	2800	28 pads	\$161.	<input type="checkbox"/>	1,600 Sets	32 pads	\$212.
<input type="checkbox"/>	3200	32 pads	\$176.	<input type="checkbox"/>	2,000 Sets	40 pads	\$251.
<input type="checkbox"/>	3600	36 pads	\$192.	<input type="checkbox"/>	3,200 Sets	64 pads	\$349.
<input type="checkbox"/>	4000	40 pads	\$207.	<input type="checkbox"/>	4,000 Sets	80 pads	\$408.
<input type="checkbox"/>	4800	48 pads	\$247.	<input type="checkbox"/>	5,000 Sets	100 pads	\$483.
<input type="checkbox"/>	10,000	100 pads	\$407.	<input type="checkbox"/>	10,000 Sets	200 pads	\$771.
SHIPPING \$15.00				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% of Base
_____	More than one MD - ADD \$25 Per Name
_____	OPT/EYE, HCF (Health Care Facility) - 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
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) PO# _____
- 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