

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/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 & the HCFs ON FILE with the LICENSING BOARD.
- 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).

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.******

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				
Normal Production Time: 3-5 business days after proof approval		Normal Production Time: 3-5 business days after proof approval		Normal Production Time: 5-7 business days after proof approval		Normal Production Time: 7-10 business days after proof approval	
Rush Production Time: Within 3 business days after proof approval		Rush Production Time: Within 3 business days after proof approval		Rush Production Time: Within 5 business days after proof approval		Rush Production Time: Within 7 business days after proof approval	

Workspace for Order Total: (Optional)

	_____	Base Price RUSH (When Available) Final approval needed by 10 a.m. ADD 50% of Base More than one MD - ADD \$25 Per Name APN, PAC, 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 - \$20.00 Minimum (Call for pricing if sending a check.)
	_____	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 _____



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
 Visit our website at: www.njprinting.com