

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.******

