

If Reorder - Prev. Job # \_\_\_\_\_  
(Unless same prescriber reorders same format within same month)

ORDER DATE \_\_\_\_\_ CUSTOMER P.O. \_\_\_\_\_ PRINT YOUR NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

STYLE:  1-Part  2-Part  1-UP Laser  
(Pads of 100) (50 sets per book)

QUANTITY: # of Pads / Books \_\_\_\_\_

FORMAT:  Format #1  Format #2  Format #3  
 Format #4  Format #5  Format #6  Format #8

**SHIPPING INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**#1 MD, DO, DDS, DMD, DPM, DVM**  
**PRES-NJ1MDV (1-Part)**  
**PRES-NJ2MDV (2-Part)**

**#2 Health Care Facility**  
**PRES-NJ1HCFV (1-Part)**  
**PRES-NJ2HCFV (2-Part)**

**#3 Optometrist IPA Certified**  
**PRES-NJ1OPTV (1-Part)**  
**PRES-NJ2OPTV (2-Part)**

**#4 Nurse Practitioner/**  
**Advanced Practice Nurse**  
**PRES-NJ1APNV (1-Part)**  
**PRES-NJ2APNV (2-Part)**

**#5 Certified Nurse Midwife**  
**PRES-NJ1MWV (1-Part)**  
**PRES-NJ2MWV (2-Part)**

**#6 Prescribing Eyewear**  
**PRES-NJ1EYEV (1-Part)**  
**PRES-NJ2EYEV (2-Part)**

**#8 Physician Assistant**  
**PRES-NJ1PAV (1-Part)**  
**PRES-NJ2PAV (2-Part)**

**STYLE: For Handwritten Rx (Shown Above)**

**Pricing for New Jersey Prescription Blanks**

Pricing for one- or two-part personalized prescription blanks, based on the following standard features:

- Form size is 5 1/2 x 4" or 8" x 11"
- Base copy of Rx printed in green ink
- Personalized copy in black ink
- One-part format is printed on 20# white security paper
- Two-part format is printed on 20# CB white security paper for 1st part and 15# CF Canary for 2nd part
- On two-part format, second part is printed same
- 1-Part Pads of 100 prescription blanks and 2-Part are 50 sets per book for the handwritten Rx. Packages of 500 for the laser Rx
- Seven different formats for handwritten, laser Rx based on the area of specialty, are available.

Quantity:	(1 Part - Price is Per Pad)
8 Pads (min. order)	\$28.90
16 Pads	22.55
24 Pads	14.85
32 Pads	12.15
40 Pads	11.55

Quantity:	(2 Part - Price is Per Pad)
16 Books	\$30.80
24 Books	21.50
32 Books	14.45
40 Books	11.70
80 Books	11.15

## 1 DOCTOR - ORDER BLANK NEW JERSEY STANDARD FORMAT PRESCRIPTION FORM

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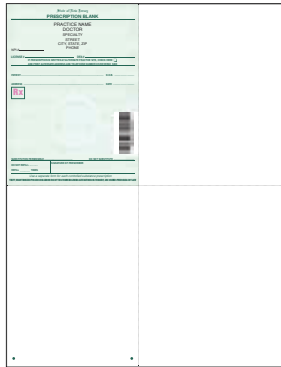
**STYLE: 25-8302V/NJ-DS (Laser Rx) (Price Per Thousand Forms)**



### New Jersey Prescription Forms-For Laser Rx

Below is our layout for the New Jersey Prescription Laser Rx.  
Size: 8 x 11- Face: Green/Back: Blue. Imprint information Black Ink.  
Though not visible, large and small NJ State Seal appears in the  
pantograph on both front and back side of all Rx's.

Quantity:	One-Up Laser Format
500	\$89.25/Lot
1,000	\$167.00/M
2,500	\$150.00/M
5,000	\$134.00/M



#1 MD, DO, DDS, DMD, DPM, DVM  
PRES-NJMDLGNI

#2 Health Care Facility  
PRES-NJHCFLGNI

#3 Optometrist IPA Certified  
PRES-NJOPTLGNI

#4 Nurse Practitioner/Advanced Practice Nurse  
PRES-NJAPNLGNI

#5 Certified Nurse Midwife  
PRES-NJMWLGNI

#6 Prescribing Eyewear  
PRES-NJEYELGNI

#8 Physician Assistant  
PRES-NJPALGNI

**COMPLETE INFORMATION & DEA CERTIFICATE IS REQUIRED BEFORE ORDER WILL BE ENTERED.**

### MAXIMUM OF 5 LINES

PRACTICE NAME \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_ SPECIALTY \_\_\_\_\_

ADDRESS (No P.O. Box Allowed) \_\_\_\_\_

CITY \_\_\_\_\_ STATE **NJ** ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ DEA # \_\_\_\_\_ LICENSE # \_\_\_\_\_

CERTIFICATION # \_\_\_\_\_ (Required on format 3 & 4) NPI # \_\_\_\_\_

\*SUPERVISING PHYSICIAN REQUIRED

NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS (If different from above) \_\_\_\_\_

ORDERING PHYSICIAN'S SIGNATURE \_\_\_\_\_

Please provide proof

Mail  Fax \_\_\_\_\_

Email \_\_\_\_\_

Required personalized information needs to be submitted with the order. After receipt of the order, allow 10-15 working days for printing, plus additional time for transit. Shipping cost are additional charges that will be added to the final invoice.

Based on the complexity of your personalization, there may be a \$31.80-\$42.00 initial composition/proofing charge added to your order. Orders will be processed for printing after the proof is approved.

**MULTI DOCTOR / MULTI ADDRESS  
 ORDER BLANK  
 NEW JERSEY STANDARD FORMAT  
 PRESCRIPTION FORM**

If Reorder - Prev. Job # \_\_\_\_\_ Start # is Always #000001 (Unless same prescriber reorders same format within same month)

ORDER DATE \_\_\_\_\_ CUSTOMER P.O. \_\_\_\_\_

YOUR NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**STYLE:**  **1-Part**  **2-Part**  **1-UP Laser**  
 (Pads of 100) (50 sets per book)

**QUANTITY: # of Pads / Books** \_\_\_\_\_

**FORMAT:**  **Format #1**  **Format #2**  **Format #3**  
 **Format #4**  **Format #5**  **Format #6**  **Format #8**

**SHIPPING INFORMATION:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check box next to doctor who is the responsible party

PRACTICE NAME \_\_\_\_\_

DOC. 1 \_\_\_\_\_ SPECIALTY \_\_\_\_\_  
 DEA # \_\_\_\_\_ LICENSE # \_\_\_\_\_ NPI # \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

DOC. 2 \_\_\_\_\_ SPECIALTY \_\_\_\_\_  
 DEA # \_\_\_\_\_ LICENSE # \_\_\_\_\_ NPI # \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

DOC. 3 \_\_\_\_\_ SPECIALTY \_\_\_\_\_  
 DEA # \_\_\_\_\_ LICENSE # \_\_\_\_\_ NPI # \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

DOC. 4 \_\_\_\_\_ SPECIALTY \_\_\_\_\_  
 DEA # \_\_\_\_\_ LICENSE # \_\_\_\_\_ NPI # \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

CITY 1 \_\_\_\_\_ STATE 1 NJ ZIP 1 \_\_\_\_\_  
 PHONE 1 \_\_\_\_\_ FAX 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY 2 \_\_\_\_\_ STATE 2 NJ ZIP 2 \_\_\_\_\_  
 PHONE 2 \_\_\_\_\_ FAX 2 \_\_\_\_\_

ADDRESS 3 \_\_\_\_\_

CITY 3 \_\_\_\_\_ STATE 3 NJ ZIP 3 \_\_\_\_\_  
 PHONE 3 \_\_\_\_\_ FAX 3 \_\_\_\_\_

Please provide proof  
 Mail  Fax \_\_\_\_\_  
 Email \_\_\_\_\_