INSTRUCTIONS FOR ORDERING

UNIFORM NEW JERSEY PRESCRIPTION BLANKS

v0523

- **COMPLETE Pages 1, 2, and 3 In Full**
- **COMPLETE Script Information and all Required State and Federal Control Numbers**
- **COMPLETE Shipping Information *(Required)***
- **SIGN Where Indicated *(Required)***
- **DETERMINE Script Price Group**
- **CHECK Quantity of Pads and/or Laser Sheets Desired**
- **CHECK Print Options as Needed.**
- **PROVIDE Contact Information Below should we have Question**
- **EMAIL PAGES 1, 2, and 3 to:**

scripts@newjerseyprescriptionblanks.com

Practice or Facility Name: _____

Your Name (please print): _____ Date: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

YOU WILL RECEIVE ACKNOWLEDGEMENT VIA EMAIL

ACTION GRAPHICS • Tel: (856) 783-1825 • www.actiongraphicsusa.com

scripts@newjerseyprescriptionblanks.com

www.newjerseyprescriptionblanks.com

UNIFORM NEW JERSEY PRESCRIPTION BLANKS ORDER FORM

Ordering Instructions:

1. Per state requirements, all orders and reorders for Uniform New Jersey Prescription Blanks must be submitted in writing via mail or fax.
2. Use one Order Form per prescription order. Multiple prescriber names and one address may be printed on the front of each prescription. Additional addresses may be printed on the back for an additional cost.
3. The address used for shipping MUST MATCH with the listing of authorized prescribers and health care facilities on file with the licensing board.
4. License numbers must be provided for each prescriber or facility.
5. The signature of each authorized prescriber or health care facility representative must be provided with each order.
6. Starting Number will start at "1" (one) for each order.

PRINT NEATLY AND CLEARLY IN BLACK PEN

Information to be Printed on Prescription Blank:

1. Practice or Facility Name (if applicable): _____ NPI # (required): _____
2. Prescriber Name: _____ Degree: _____
3. Practice or Specialty (only if to print below prescriber name(s): _____ License #: _____
4. Address to print on front: _____

   City _____ State: _____ Zip: _____

   Telephone #: _____ Fax # (if to printed): _____
5. Specify if Applicable: DEA#: _____ TPA Cert #: _____

   (If DEA # is not provided, a blank line will be printed to be filled in by prescriber if applicable.) (If TPA# is not provided, a blank line will be printed to be filled in by prescriber if applicable.)

   Facility Provider #: _____ Certification #: _____

SHIPPING INFORMATION

Official Address on File with the State Board:

Street Address: _____

City: _____ State: _____ Zip: _____

IMPORTANT: If more than one prescriber is listed on the same blank, One of the prescribers is to be responsible for the shipment. That person must sign here:

X _____

PLEASE NOTE: By signing, you agree that you are the responsible party for this shipment of prescription blanks. Please make certain that the address given above is the same as it appears with your medical licensing board.

PRESCRIBER SIGNATURE: X _____

(REQUIRED EACH TIME AN ORDER IS PLACED)

DISCOUNT Uniform New Jersey Prescription Blanks Price List*

FOR REORDERS – Attach a sample of original Prescription Blank for Faster Processing

All imprinted information will be printed in black. 2nd part of 2 Part form is blank. (Only black copy will be printed on duplicate copies of the 2 part form is required) See "Print Face Part 2" below for additional charges. Form size is 4" x 5.5". Printed on 20# Laser Bond. 2 part forms has CB 20# white on Part 1 and CF 20# canary second part. 1 part forms are padded 100 per pad. 2 part forms are padded in 100 sets per pad (see below option for pads of 50). All orders shipped UPS Ground UNLESS indicated differently below. Each order is numbered starting at 1 (one).

PRICE GROUP 1
Doctor Format Only

PRICE GROUP 2
All Other Formats

Check Qty and Type Desired

No. Pads Product Code	1 Part (100/Pad) (PC41-NJ14)	2 Part (100/Pad) (PC41-NJ214)
8 Pads	27.00/pad	37.60/pad
10 Pads	22.30/pad	29.75/pad
20 Pads	12.10/pad	17.10/pad
40 Pads	8.90/pad	12.80/pad
60 Pads	8.10/pad	12.60/pad
80 Pads	7.60/pad	11.90/pad
120 Pads	7.30/pad	11.50/pad

No. Pads Product Code	1 Part (100/Pad) PC4_(2,3,4,5,6,8-NJ14)	2 Part (100/Pad) PC4_(2,3,4,5,6,8-NJ214)
8 Pads	27.70/pad	41.40/pad
10 Pads	22.10/pad	33.50/pad
20 Pads	13.90/pad	22.30/pad
40 Pads	10.80/pad	19.10/pad
60 Pads	10.10/pad	18.60/pad
80 Pads	9.80/pad	17.90/pad
120 Pads	9.50/pad	17.30/pad

Check Print Options and Additional Services Desired

Feature	Forms/Pad	8	10	20	40	60	80	120+
Print face of 2nd Part per pad	100	8.30	5.80	5.20	4.90	4.90	4.90	4.80
Back print 1 part form pp	100	11.80	7.80	6.00	5.40	5.20	5.00	4.90
Back Print part 1 of 2 part form pp	100	12.80	8.30	6.30	5.80	5.60	5.40	5.30
Pad in 50's Standard pp	0.90/pad							
Proof Charge	35.00 (No proof charge for orders over 300.00)							
Print Rush Service	65.00 (excludes expedited shipping cost, see below)							

Expedited Shipping* select one... ◉ 3 Day Ground ○ 2nd Day Air ○ Next Day Before 10:30 am ○ Next Day Air

* ALL orders shipped UPS Ground **UNLESS** indicated differently above. Additional cost.

For larger quantities and/or Laser Scrips…Call: (856) 783-1825 or Email: scripts@newjerseyprescriptionblanks.com

**** • all prices are based on cash/check form of payment, subject to change without notice and do not include shipping and tax. • for credit card forms of payment, a 3.8% service fee will be added • NJ State REQUIRES ADULT SIGNATURE at time of delivery. • download and print current order form and pricing anytime at: www.newjerseyprescriptionblanks.com or call (856) 783-1825.***

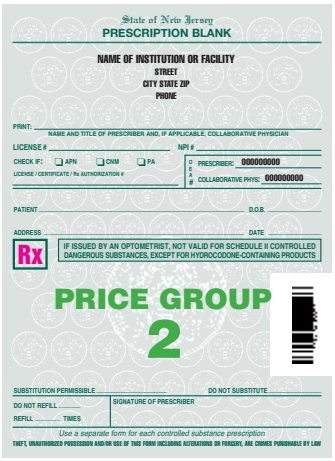
Thank You For Your Business!

New Jersey Prescription Products by Group for Ordering

NEW JERSEY PRESCRIPTION FORMS

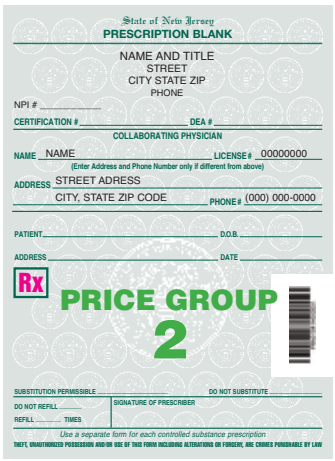
Below are the standard layouts we will use on all New Jersey Prescription Forms.
Please see the order sheet for specific instructions.
Size" x 5½" - Face-PMS336 Green/Back-PMS229 Blue - Imprint Information Black

#1 MD, DO, DDS, DMD, DPM, DVM

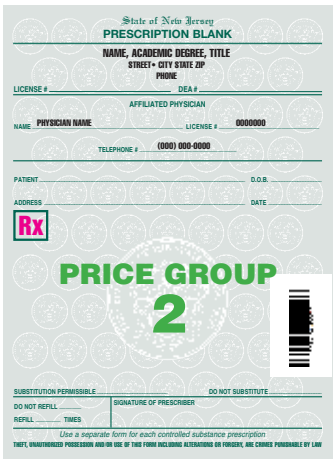


#2 Healthcare Facility

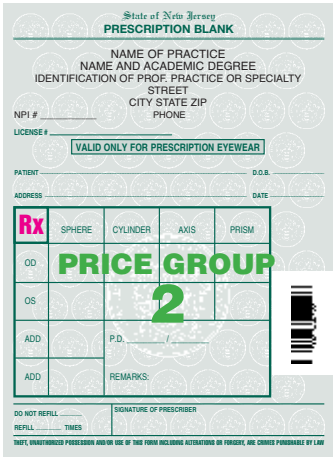
#3 Optometrist TPS Certified



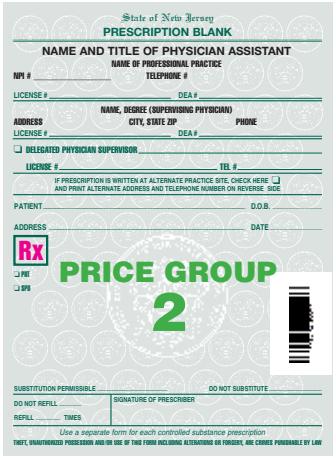
#4 Advanced Practice Nurse



#5 Certified Nurse Midwife



#6 Prescribing Eye Wear



#8 Physician Assistant

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