

# UNIFORM NEW JERSEY PRESCRIPTION BLANKS ORDER FORM FOR THOSE REQUIRING A SUPERVISING OR COLLABORATING PHYSICIAN

## Ordering Instructions:

1. Per state requirements, ALL ORDERS for Uniform NJ Prescription Blanks must be submitted in writing by mail or fax
2. Multiple Prescriber names may be printed on pads. Each Prescriber must fill out and sign a separate order form.
3. Complete the PRESCRIBER INFORMATION below and SIGN. This information must match the listing of authorized prescriber and/or health care facilities on file with the state. You will be notified of any discrepancy.
4. Specify the OFFICE ADDRESS to be printed on the prescription blanks, please note if different from the OFFICIAL OFFICE ADDRESS on file with the state.
5. Indicate the desired version and pad style. (Please check only one box.)
6. Check quantity desired.
7. Your Order will be delivered within 7-14 days of verification of prescriber or health care facility authorization. New Jersey Prescription orders will be delivered only to the official registered address of file with the state.

**24 HOUR RUSH SERVICE AVAILABLE FOR A \$30.00 ADDITIONAL CHARGE**

**\*\*Rush service available only on the minimum order (10 pads). Does not include weekends.\*\***

## Prescriber Information *(Please type or print clearly to help ensure accuracy)*

Practice or Facility Name (If applicable) \_\_\_\_\_

Prescriber Name \_\_\_\_\_ Degree \_\_\_\_\_

Practice or Specialty \_\_\_\_\_ License # \_\_\_\_\_

Official Office Address \_\_\_\_\_

\_\_\_\_\_ Telephone # \_\_\_\_\_

(Check if Fax # is to be printed on prescription)  Fax # \_\_\_\_\_

Check if you wish  DEA# \_\_\_\_\_ Cert.# \_\_\_\_\_ Prescriptive Auth.# \_\_\_\_\_

DEA # to be  NPI# \_\_\_\_\_ Supervising/Collaborative Physician \_\_\_\_\_

printed on  NPI# \_\_\_\_\_ Supervising/Collaborative Physician \_\_\_\_\_

prescription blank. Supervising/Collaborative Physician License # \_\_\_\_\_

Office address to be printed on Prescription Blanks (If different from Official Address above) \_\_\_\_\_

Authorized Prescriber Signature \_\_\_\_\_

Supervising/Collaborative Physician Signature \_\_\_\_\_

### Pad Style (Check One):

1. For Nurse Practitioner Clinical Nurse specialist

2. For Certified Nurse Midwife

3. For Physician Assistant

### Single Pads

445801

445811

445871

### 2-Part

445801-2

445811-2

445871-2

### 3-Part

445801-3

445811-3

445871-3

### Laser Style

445801-L

445811-L

445871-L

### Quantity (Check One):

10 pads  40 pads

20 pads  50 pads

30 pads  100 pads

### Serial Numbering (State Required)

or Second Side Printing:

**\$20.00 for up to 20 pads**

**\$1.00 for Each additional pad**

### Laser Style Quantity (Check One):

1000  4000

2000  5000

3000  10,000

**Single Pads (4" x 5 1/2"):** Provides 100 sheets per pad

**2- Carbonless Pads (4" x 5 1/2"):** Provides 50 sets per pad

**3-Part Carbonless Pads (4" x 5 1/2"):** Provides 35 sets per pad

**Laser Style: 8 1/2" x 11" sheets** *(Please advise as to required positioning or send sample)*