

UNIFORM NEW JERSEY PRESCRIPTION BLANKS ORDER FORM

Please fax completed order form to: Keskes Printing, LLC at 856-767-4037

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 (48 hours for 2nd side printing)**

→ → → → → **Rush service available only on the minimum order (8 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 # _____

Preferred method to receive proof : Fax or Email _____

Check if you wish

DEA # to be

DEA# _____ TPA /OM# _____ Facility Provider # _____

printed on

prescription blank.

Cert.# _____ Prescriptive Auth.# _____ NPI# _____

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

Authorized Prescriber Signature _____

Pad Style (Check One):

1. For Nurse Practitioner Clinical Nurse specialist*
2. For Certified Nurse Midwife*
3. For MD, DO, DDS, DMD, DPM, DVM, VMD, BVSc
4. For Health Care Facility
5. For Optometrists (without Eyewear box) TPA/OM cert.
6. For Exclusive use when Prescribing Eyewear
7. For Physician Assistant*

Single Pads

- 445801
 445811
 445821
 445831
 445841
 445861
 445871

2-Part

- 445801-2
 445811-2
 445821-2
 445831-2
 445841-2
 445861-2
 445871-2

Laser Style

- 445801-L
 445811-L
 445821-L
 445831-L
 445841-L
 445861-L
 445871-L

Laser Style Layout

- (Check One):
 Top Left
 Top Center

Quantity (Check One):

- 8 pads 40 pads
 20 pads 48 pads
 32 pads 100 pads

Second Side Printing:

\$25.00 for up to 20 pads
\$1.50 for Each additional pad

* Supervising physician is required to fill out and sign a separate order form.

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

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

PLEASE NOTE: There will be an additional charge of \$10.00 for any change made (ie: amount, style, etc.) after order has been placed.