

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

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 # \_\_\_\_\_

Check  if you wish DEA # to be printed on prescription blank.       DEA# \_\_\_\_\_ Cert.# \_\_\_\_\_ Prescriptive Auth.# \_\_\_\_\_  
 NPI# \_\_\_\_\_

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

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

**Preferred method to receive proof :**  Fax or  Email \_\_\_\_\_

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

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

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

#### Laser Style

- 445801-L  
 445811-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  
 \$25.00 PER 1000 FOR LASER SCRIPTS**

#### 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)**

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