

# UNIFORM NEW JERSEY PRESCRIPTION BLANKS ORDER FORM

## Ordering Instructions:

1. Per state requirements, ALL ORDERS for Uniform NJ Prescription Blanks must be submitted in writing by mail or fax
2. 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 layout style. (Please check only one box in each section.)
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 (1000 Sheets). Does not include weekends.\*\***

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

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

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

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

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

## Electronic Health Records Program Information

Name of Program: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

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

## Style (Check One):

- |  |                                     |
|--|-------------------------------------|
| 1. For Nurse Practitioner Clinical Nurse specialist*   | <input type="checkbox"/> 445801-LEP |
| 2. For Certified Nurse Midwife*                        | <input type="checkbox"/> 445811-LEP |
| 3. For MD, DO, DDS, DMD, DPM, DVM, VMD, BVSc           | <input type="checkbox"/> 445821-LEP |
| 4. For Health Care Facility                            | <input type="checkbox"/> 445831-LEP |
| 5. For Optometrists (without Eyewear box) TPA/OM cert. | <input type="checkbox"/> 445841-LEP |
| 6. For Exclusive use when Prescribing Eyewear          | <input type="checkbox"/> 445861-LEP |
| 7. For Physician Assistant*                            | <input type="checkbox"/> 445871-LEP |

## Layout (Check One):

- 1 Up (aligned left top)  
 1 Up (aligned center top)

## Quantity (Check One):

- 1000  
 2000  
 5000  
 10,000

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