

# NEW JERSEY

## PRESCRIPTION PADS & LASER FORMS

### Benefits:

- Easy to order
- Fast Delivery
- Secure shipment process
- Includes all state of New Jersey required features
- Padded forms available in 1 or 2 part
- Laser Forms - 1up

Standard Laser Styles  
Imprinted Only 8-1/2" x 11"

### Additional features include: (optional)

- Printing on part 2 available
- Custom backprinting
- Padding in 50's (standard padding - 100's)
- Drilling on part 2

Top Left • Top Center • Center Center

Standard 4" x 5-1/2"

HEALTHCARE FACILITY

OPTOMETRIST TPA CERTIFIED

NURSE PRACTITIONER/CLINICAL

CERTIFIED NURSE MIDWIFE

PRESCRIBING EYEWEAR

PHYSICIAN ASSISTANT

MD, DDS, DMD, DPM, DVM

Sequential Numbering • Green Void Pantograph • Blue Security Backprinting • Seven Standard Formats  
Bar Coded • State Mandated Formats • Thermocromatic Ink Rx • Microprint  
Approved Manufacturer





Product Code	Parts	Forms/Pad	5 Pads	10 Pads	20 Pads	40 Pads	60 Pads	80 Pads	120 Pads	
<b>#1, #2 Standard Pads</b>										<b>Price/Pad</b>
<input type="checkbox"/> PC4___-NJ14	1	100	22.20	13.00	9.80	7.20	6.50	6.20	5.90	
<input type="checkbox"/> PC4___-NJ214	2	100	30.50	17.90	13.70	10.20	10.00	9.50	9.20	
<input type="checkbox"/> #1 MD, DDS, DMD, DPM, DVM <input type="checkbox"/> #2 HEALTHCARE FACILITY										
<b>#3, #4, #5, #6, #8 Standard Pads</b>										<b>Price/Pad</b>
<input type="checkbox"/> PC4___-NJ14	1	100	22.70	14.00	11.30	8.80	8.20	8.00	7.70	
<input type="checkbox"/> PC4___-NJ214	2	100	33.50	21.40	18.00	15.40	14.90	14.50	13.90	
<input type="checkbox"/> #3 OPTOMETRIST TPA CERTIFIED <input type="checkbox"/> #6 PRESCRIBING EYEWEAR <input type="checkbox"/> #4 NURSE PRACTITIONER/CLINICAL <input type="checkbox"/> #8 PHYSICIAN ASSISTANT <input type="checkbox"/> #5 CERTIFIED NURSE MIDWIFE										
<b>Laser</b>			<b>1000</b>	<b>2000</b>	<b>4000</b>	<b>6000</b>	<b>8000</b>	<b>10000</b>	<b>Price/M</b>	
<input type="checkbox"/> PC41Z-NJ14	1	Imprinted Top Left	209.00	170.00	151.00	147.00	144.00	140.00		
<input type="checkbox"/> PC4_Z-NJ14	1	Imprinted Top Left	368.00	299.00	200.00	158.00	150.00	145.00		
<input type="checkbox"/> PC41Z-NJ14TC (Doctor)	1	Imprinted Top Center	209.00	170.00	151.00	147.00	144.00	140.00		
<input type="checkbox"/> PC42Z-NJ14TC (Facility)	1	Imprinted Top Center	209.00	170.00	151.00	147.00	144.00	140.00		
<input type="checkbox"/> PC41Z-NJ14CC (Doctor)	1	Imprinted Center Center	209.00	170.00	151.00	147.00	144.00	140.00		

Style: Portrait Only

Parts:  1 Part  2 Part

Quantity:  5 Pads  10 Pads  
 20 Pads  40 Pads  
 60 Pads  80 Pads  
 120 Pads

Laser Quantity:

Imprinted  1000  2000  4000  6000  8000  10000

Responsible Prescriber: \_\_\_\_\_

Start Number: #000001 \_\_\_\_\_ (Unless same prescriber orders multiple forms in the same month.)

Purchase Order # (if required) \_\_\_\_\_

Please send me your catalog

**\* FAX ORDER FORM\***

**Practice Information**

Practice: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License #: \_\_\_\_\_ DEA #: \_\_\_\_\_

NPI #: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone #: \_\_\_\_\_

Shipping address if different than above

Address: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ (Required)

Supervising Physician \_\_\_\_\_

License # \_\_\_\_\_ Phone # \_\_\_\_\_

Address (if different from above) \_\_\_\_\_