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

Additional features include: (optional)

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

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

Top Left • Top Center • Center Center

Standard 4″ x 5-1/2″

HEALTHCARE FACILITY

OPTOMETRIST TPA CERTIFIED

NURSE PRACTITIONER/CLINICAL

CERTIFIED NURSE MIDWIFE

MD, DDS, DMD, DPM, DVM

PRESCRIBING EYEWEAR

PHYSICIAN ASSISTANT

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	
#1, #2 Standard Pads									Price/Pad	
☐ PC4_____-NJ14	1	100	22.20	13.00	9.80	7.20	6.50	6.20	5.90	
☐ PC4_____-NJ214	2	100	30.50	17.90	13.70	10.20	10.00	9.50	9.20	
☐ #1 MD, DDS, DMD, DPM, DVM ☐ #2 HEALTHCARE FACILITY										
#3, #4, #5, #6, #8 Standard Pads										Price/Pad
☐ PC4_____-NJ14	1	100	22.70	14.00	11.30	8.80	8.20	8.00	7.70	
☐ PC4_____-NJ214	2	100	33.50	21.40	18.00	15.40	14.90	14.50	13.90	
☐ #3 OPTOMETRIST TPA CERTIFIED ☐ #6 PRESCRIBING EYEWEAR										
☐ #4 NURSE PRACTITIONER/CLINICAL ☐ #8 PHYSICIAN ASSISTANT										
☐ #5 CERTIFIED NURSE MIDWIFE										
Laser				1000	2000	4000	6000	8000	10000	Price/M
☐ PC41Z-NJ14	1	Imprinted Top Left		209.00	170.00	151.00	147.00	144.00	140.00	
☐ PC4__Z-NJ14	1	Imprinted Top Left		368.00	299.00	200.00	158.00	150.00	145.00	
☐ PC41Z-NJ14TC (Doctor)	1	Imprinted Top Center		209.00	170.00	151.00	147.00	144.00	140.00	
☐ PC42Z-NJ14TC (Facility)	1	Imprinted Top Center		209.00	170.00	151.00	147.00	144.00	140.00	
☐ 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

Additional features:
- ☐ 2nd part printing
- ☐ padded in 50's
- ☐ backprinting
- ☐ drilling on part 2

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) ____________________