



# New Jersey Optometrist Prescription Order Form

**Quill.com is an approved vendor of New Jersey Prescription Blanks.**

New Jersey has designated unique prescription pads for optometrists based on certification levels. Each certification category offers 2 pad choices which are easily identified by the prefix TO or OM. These pads are pre-printed with Restriction Dialog Boxes corresponding to the certification level.

### New Jersey Requirements

- Printing prescriber's name, address and phone number is required
- Printing license number is required
- Printing NPI number is required
- Printing certification number is required
- DEA field is required; pre-printing of number is optional
- Sequential numbering is mandatory; each order (new and reorder) will begin with 000001
- Additional practitioners may be printed on the face of the Rx blank for no additional cost
- Only one practice site may be printed on the face of the Rx blank; additional addresses can be printed on the back for an additional charge
- Regularly prescribed non-scheduled medications and directions for their use can be pre-printed for an additional charge
- Prescription blanks can only be shipped to the designated practitioner's address of record on file with the licensing board. Shipment must be signed for by an adult

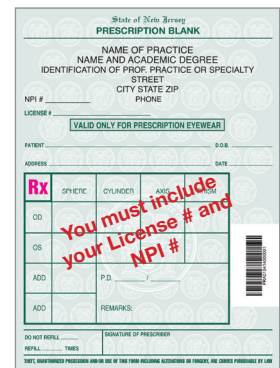
To order counterfeit-resistant prescription blanks, simply fill out the order form, then mail or fax it to the address or fax number below. Our helpful telephone representatives will be happy to answer your questions before you place your written order. Feel free to call us toll-free at **800-789-1186**.

**OM Certified:** Optometrists certified at an elevated level that allows prescribing oral medications including certain dangerous controlled substances are authorized to use "OM certified" prescription pads #16003P.



#990-16003P

**TO Certified:** Optometrists certified to prescribe only non-controlled topical pharmaceutical agents are authorized to use "TO certified" prescription pads #16005P.



#990-16005P

## Security Features

- 15-digit unique ID and barcode will be printed on the Rx blanks identifying the printer, print date and print job for audit purposes. This number combined with the sequential numbering makes each individual blank unique
- Repetitive New Jersey state seal
- Thermochromatic ink of "Rx"
- List of security features printed on the form
- Hollow void pantograph
- Micro printing of "State of New Jersey prescription blank"

### COMPLETE ORDER FORM and SUBMIT TO:

**FAX:** 800-328-0023 • **MAIL:** Quill Corporation, P.O. Box 43200, Minneapolis, MN 55443-0200  
If you have any questions, call 800-789-1186

# New Jersey Optometrist Prescription Order Form





<b>BILL TO:</b> Please supply the appropriate name and mailing address for billing.*	<b>SHIP TO:</b>	<b>IMPORTANT</b>
Cardholder's Name _____ Address _____ City _____ State _____ Zip _____	Name _____ Address _____ City _____ State _____ Zip _____	<b>Prescriptions may ONLY be shipped to the practitioner's address of record on file with licensing board. Shipment must be signed for by an adult.</b>

If we have questions on your order, whom should we contact?

Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_ E-mail \_\_\_\_\_

PRICING						
<b>1-PART PAD, PADDED AT TOP</b>						
Item Number	Description	Qty./ Pad	5	10	20	30 40+
990-16003P	Prescription Drugs Only	100	\$19.99	\$11.99	\$8.99	\$7.49 \$5.99
990-16005P	Eyewear Only	100	19.99	11.99	8.99	7.49 5.99
Minimum order: 5 pads (must order in increments of 5).						
					<b>SEND FREE PROOF TO:</b>	
					Fax _____	
					E-mail _____	

PLEASE SEND ME:			
Item No.	Qty.	Description	Price From Chart Above
† One address may be printed on the face of the Rx blank. Additional addresses can be printed on the back. <b>Back Printing, add \$25†</b>			
†† Regular, non-scheduled prescription information can be printed in the body of the Rx blank. <b>Body Printing, add \$7.50††</b>			
			<b>Merchandise Total</b>
			<b>Sales Tax**</b>
			<b>Total</b>

METHOD OF PAYMENT:																																									
<p>We cannot accept CODs. Do not send cash.</p> <p><input type="checkbox"/> <b>BILL ME</b> Open accounts for businesses only. Invoice mails separately within 2 days of shipment. Payment is due within 30 days from date of invoice. New accounts are subject to credit approval. Prepayment by check or credit card helps facilitate your order through our Credit Department.</p> <p><input type="checkbox"/> <b>CHECK ENCLOSED</b> Payment in US dollars only.</p> <p><input type="checkbox"/> <b>CHARGE MY CREDIT CARD</b> Your order will be billed directly to your credit card when it is received.</p> <p> <input type="checkbox"/>  <b>MasterCard®</b> (16 digits)                       <input type="checkbox"/>  <b>VISA®</b> (13 or 16 digits)                       <input type="checkbox"/>  <b>Discover® NOVUS</b> (16 digits)                       <input type="checkbox"/>  <b>American Express®</b> (15 digits)                 </p> <p>Fast Free Shipping: Quill.com covers shipping carrier fees on every order. On orders under \$25, a small order handling fee of \$4.99 will be applied.</p> <p>* Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts.</p>	<p><b>CREDIT CARD NUMBER</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="10" style="font-size: small;">Credit Card Number</td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="5" style="font-size: small;">Month/Year Card Expires</td> <td colspan="5" style="font-size: small;">Security Code</td> </tr> </table> <p><input type="checkbox"/> Please keep my credit card on file for future purchases.</p> <p><b>CREDIT CARD BILLING ADDRESS (please print)</b></p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>X _____ Cardholder Signature</p>											Credit Card Number																				Month/Year Card Expires					Security Code				
Credit Card Number																																									
Month/Year Card Expires					Security Code																																				

**COMPLETE ORDER FORM and SUBMIT TO:**

**FAX:** 800-328-0023 • **MAIL:** Quill Corporation, P.O. Box 43200, Minneapolis, MN 55443-0200

If you have any questions, call 800-789-1186

# New Jersey Optometrist Prescription Order Form

**IMPORTANT:** The information requested below must be filled out in order for us to process your order.

- Pre-printing the License, Certificate, and NPI number is required
- DEA number required. If provided, we'll pre-print the number on your blanks.

**PRESCRIBER INFORMATION:** Information listed below will be pre-printed on the pads

Name Practitioner names will be printed as shown on license	Degree	License # Pre-printing required	Certificate Pre-printing required. Required for #16003P only	DEA # Required. We will pre-print a blank line if the number is not provided	NPI # Pre-printing required	Signature Required for each practitioner listed

**CLINIC NAME/ADDRESS/PHONE INFORMATION:**

Please detail what you want pre-printed only.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**RESPONSIBLE PARTY**

**IMPORTANT:** If you have listed more than one prescriber in the imprint section, one of the prescribers is to be the responsible party for the shipment of new forms. By signing, you are accepting responsibility for this shipment of prescription blanks under the New Jersey law.

**Print Name: X** \_\_\_\_\_

**Signature: X** \_\_\_\_\_

**OPTIONS:**

**Body Print: Please provide text and layout**

Pre-print regular non-scheduled prescription information in the body of the Rx blank for an additional charge.

**Multiple Addresses / Back Print**

Only one address may be printed on the face of the Rx blank. Additional addresses may be printed on back for an additional charge.

**Thank You  
for Your Order**

*Your 100% Satisfaction  
is Guaranteed*

**COMPLETE ORDER FORM and SUBMIT TO:**

**FAX:** 800-328-0023 • **MAIL:** Quill Corporation, P.O. Box 43200, Minneapolis, MN 55443-0200  
If you have any questions, call 800-789-1186