

New Jersey Medical Prescription Order Form

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

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 blanks for no additional cost (not permitted for APN, PA or certified nurse midwives)
- 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 and then mail, fax or email it to the addresses 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**.

Medical Practitioner:
#497-16001P — 1-Part Pad
#497-16008P — 2-Part Pad

Physician Assistant:
#497-16061P — 1-Part Pad

Advanced Practice Nurse:
#497-16006P — 1-Part Pad

Midwife/Certified Nurse:
#497-23456P — 1-Part Pad
#497-34567P — 2-Part Pad

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"

FAX: 800-328-0023
EMAIL: rx@Quill.com

COMPLETE ORDER FORM and SUBMIT TO:

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

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

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

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

Name Practitioner names will be printed as shown on license	Degree	License # Pre-printing required	Certificate Pre-printing required. Required for #16006P only	DEA # Optional. 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 (____) _____

SUPERVISING PHYSICIAN INFORMATION:

Pre-printing Required for PA, APN and Midwives

Name _____
 Degree _____
 LIC# _____
 Address _____
 Telephone (____) _____

OPTIONS:

- Body Printing: 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.

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 _____

**Thank You
for Your Order**

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