

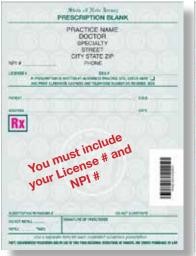
## **New Jersey Medical Prescription Order Form**

# 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**.



PRESENTATION BLANK

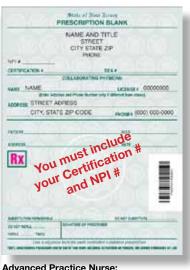
NAME AND TITLE OF PHYSICIAN ASSISTANT

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PRESCRIPTION BLANK

NAME AND TITLE
STREET
CITY STATE ZIP
PHONE

COLLARCHATMS PRESCRIP

ADDRESS STREET ADRESS
CITY STATE ZIP CODE
MONE; (000) 000-0000

ADDRESS STREET ADRESS
CITY STATE ZIP CODE
MONE; (000) 000-0000

ANDRESS
RX

YOU MUST INClude
H
YOU Certification

WOULD ADDRESS
RX

YOU MUST INClude
H
TO BE ADDRESS
BURGLESS
RX

TO BE ADDRESS
RX

TO BE A

Medical Practitioner:

#497-16001P — 1-Part Pad #497-16008P — 2-Part Pad Physician Assistant:

#497-16061P - 1-Part Pad

#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

# **New Jersey Medical Prescription Order Form**

BILL TO: Please supply t	he appropriate na	me and ma	ing addre	ss for bill	ing.*	SHIF	Р ТО:			IMPORTANT		
Cardholder's Name						Nam	ie			Prescriptions be shipped to		ONLY
Address						_   Add	ress			practitioner's	addre	SS
						. II				of record on the licensing boar	rd.	
City		State		<b>Z</b> ip		City		State	Zip	Shipment mu for by an adu	st be s lt.	signed
If we have questions on	your order, whon	n should we	contact?	)								
Name				Phone	/Cell _			E-mail				
PRICING												
1-PART PAD, PADDED A	т тор						2-PART BOO	K, PADDED AT TOP				
Item Number Description		Qty./ Pad <b>5</b>	10	Price/Pa	d 30	40+	Item Number	Description	Qty./ Book <b>1</b> 0	Price/Bo 0 20 40	ook 60	80+
497-16001P MD, DO, DD			9 \$11.99		\$7.49			MD, DO, DDS, DMD,			\$8.99	
DPM, DVM,		****		*****	*****	*****		DPM, DVM, VMD, BV	· ·		•	•
497-16006P Advanced P			9 11.99	8.99	7.49	5.99		Midwife/Certified Nurs			8.99	7.99
497-16061P Physician As 497-23456P Midwife/Cer		100 <b>19.</b> 9	9 11.99 9 11.99	8.99 8.99	7.49 7.49	5.99 5.99	Minimum ord	ler: 10 books (must ord	er in increments	of 10).		
Minimum order: 5 pads (r				0.33	7.43	0.00	SEND FRE	E PROOF TO:				
FORMATTED LASER PA	PER						_					
Item Number Description		Qty./ Pack <b>5</b>		rice/Pac	k	20+	Fax					
497-10699P Laser Rx Ve				\$19.99		\$17.99	E-mail					
Minimum order: 5 packs						<del>•11100</del>						
Script size: 5½x4"												
PLEASE SEND ME:	l <u>-</u>	İ							İ			
Item No.	Qty.					De	escription			Price From Chart	Above	
		+										
† One address may be pri	nted on the face of	of the Ry bla	nk Additi	onal add	20000	an he pri	nted on the had	k Rack Printing add	1 \$27†			
						-			-			
†† Regular, non-scheduled	prescription info	rmation can	de printec	ın the b	oay of t	ne Kx bla	nk.	Body Printing, add \$16	0.8011			
								Merchandise	Total			
**Quill.com collects tax in	all states that ha	ve a sales/u	se tax. Ple	ase add	tax at ap	oplicable	rate.	Sales	Tax**			
									Total			
METHOD OF PAYMENT:												
We cannot accept COD	s. Do not send ca	ısh.										
BILL ME	5. 50 Hot 90Hd 06						□ сне	CK ENCLOSED				
Open accounts for					2 days			nent in US dollars only.				
of shipment. Paym New accounts are					or		☐ CRE	DIT CARD				
credit card helps fa								ck if you want to pay by		ce order is received,		
							we w	vill contact you for the C	ournormation.			

\*Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts.

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

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# New Jersey Medical Prescription Order Form

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	ON: Inform	nation listed below	v will be pre-printed	d 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	<b>DEA</b> # 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:	LE INFORMA	ATION:	SUPERVISING PHYS	SUPERVISING PHYSICIAN INFORMATION:	OPTIONS:	
Please detail what you want pre-printed only.	orinted only.		Pre-printing Required t	Pre-printing Required for PA, APN and Midwives	Body Print	☐ Body Printing: Please provide
			Name		text and layout	ayout
			Degree		Pre-print r	Pre-print regular non-scheduled
					body of the Rx bla	body of the Rx blank for an
			Address		Multiple Ac	■ Multiple Addresses/Back Print     □ Only one address may be printed.
					on the face	on the face of the Rx blank.
					printed on charge.	printed on back for an additional charge.
RESPONSIBLE PARTY						
IMPORTANT: If you have listed more than an endinger	ac than		orint section and the	in the imprint section and of the prescribers is to be the		

**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.

for Your Order

**Thank You** 

Print Name: X Signature: X

MAIL: Quill Corporation, P.O. Box 43200, Minneapolis, MN 55443-0200 COMPLETE ORDER FORM and SUBMIT TO: If you have any questions, call 800-789-1186 EMAIL: rx@Quill.com FAX: 800-328-0023

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