

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 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**.

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.

#497-16003P

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

#497-16005P

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"

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 Optometrist Prescription Order Form

BILL TO: Please supply the appropriate name and mailing address for billing.*	SHIP TO:	IMPORTANT
Cardholder's Name _____ Address _____ City _____ State _____ Zip _____	Name _____ Address _____ City _____ State _____ Zip _____	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.

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

Name _____ Phone/Cell _____ E-mail _____

PRICING								
1-PART PAD, PADDED AT TOP								
Item	Qty./Pad	Price/Pad						
Number	Description	5	10	20	30	40+		
497-16003P	Prescription Drugs Only	100	\$19.99	\$11.99	\$8.99	\$7.49	\$5.99	
497-16005P	Eyewear Only	100	19.99	11.99	8.99	7.49	5.99	
Minimum order: 5 pads (must order in increments of 5).								
SEND FREE PROOF TO:								
Fax _____								
E-mail _____								

PLEASE SEND ME:			
Item No.	Qty.	Description	Price From Chart Above
<small>† One address may be printed on the face of the Rx blank. Additional addresses can be printed on the back. Back Printing, add \$27†</small>			
<small>†† Regular, non-scheduled prescription information can be printed in the body of the Rx blank. Body Printing, add \$16.80††</small>			
<small>** Quill.com collects tax in all states that have a sales/use tax. Please add tax at applicable rate.</small>			
Merchandise Total			
Sales Tax**			
Total			

METHOD OF PAYMENT:	
We cannot accept CODs. Do not send cash.	
<input type="checkbox"/> BILL ME 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.	<input type="checkbox"/> CHECK ENCLOSED Payment in US dollars only.
	<input type="checkbox"/> CREDIT CARD Check if you want to pay by credit card. Once order is received, we will contact you for the CC information.

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

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 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 optional. 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 # 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 (____) _____

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

*Your 100% Satisfaction
is Guaranteed*

**Thank You
for Your Order**

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

COMPLETE ORDER FORM and SUBMIT TO: