Quality PRINTING
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NEW JERSEY PRESCRIPTION ORDER FORM

THIS FORM CAN BE FILLED IN USING ADOBE ACROBAT, DIGITALLY SIGNED AND RETURNED VIA EMAIL. CAN ALSO BE PRINTED, FILLED IN MANUALLY, SIGNED AND RETURNED VIA FAX.

STANDARD Rx PADS: 4" x 5-1/2"

Black imprint on 20# bond with green void pantograph, thermochromatic Rx symbol, blue backprint with security feature list and front barcode with identifier. Padded 100 per pad. Consecutive serial number beginning with #000001. Shipped directly to registered address of licensee.

☐ #1: MD, DDS, DMD, DPM, DVM	☐ 1-part	☐ 2-part	☐ Laser Version
☐ #2: HEALTHCARE FACILITY	☐ 1-part	☐ 2-part	☐ 1-up on 8½x11 sht
☐ #3: OPTOMETRIST TPA CERTIFIED	☐ 1-part	☐ 2-part	☐ 4-up on 8½x11 sht
☐ #4: NURSE PRACTITIONER/CLINICAL	☐ 1-part	☐ 2-part	**ONLY AVAILABLE IN STYLE #1**
☐ #5: CERTIFIED NURSE MIDWIFE	☐ 1-part	☐ 2-part	
☐ #6: PRESCRIBING EYEWEAR	☐ 1-part	☐ 2-part	Qty: _____
☐ #8: PHYSICIAN ASSISTANT	☐ 1-part	☐ 2-part	

QUANTITY: ☐ 10 pads ☐ 20 pads ☐ 40 pads ☐ 60 pads ☐ 80 pads ☐ 120 pads

LASER QUANTITY: ☐ 1000 ☐ 2000 ☐ 4000 ☐ 6000 ☐ 8000 ☐ 10000

PRACTICE INFORMATION

Practice: _____

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License #: _____ DEA #: _____

NPI #: _____ Phone #: _____

Specialty: _____ Fax #: _____

Physician's Signature (REQUIRED): _____

IF SUPERVISING PHYSICIAN REQUIRED

Supervising Physician: _____

License #: _____ Phone: _____

Address (if different from above): _____

PRESCRIPTION PAD ORDERS MUST BE PAID IN FULL WHEN PLACING ORDER