

ORDER NJ RX PADS

Please include sample imprint with your order.

Practice Name: _____

Prescriber Name: _____

Specialty: _____

Street Address: _____

DEA #: _____ Full License #: _____ NPI #: _____

Phone: _____ Fax: _____

One Order Per Form
NJ Law states we can only
ship to address of record.

Send Proof Via: Fax: _____ Attn: _____

Email: _____

Shipping confirmations can be provided via email if provided.

Please select the following to complete your order:

PARTS: Part 1 Part 2

FORMAT: MD NP PA TPA - Old TPA - New EW NF MW

QUANTITY: 5 Pads 10 Pads 15 Pads 20 Pads 25 Pads 30 Pads 40 Pads 50 Pads 75 Pads 100 Pads



ORDER/SIGNATURE FORM FOR NJ PRESCRIPTIONS



This document IS REQUIRED with every order for New Jersey Prescription Blanks.
PLEASE SIGN AND RETURN THIS DOCUMENT BY FAX.

The State of New Jersey requires the manufacturer of Prescription Blanks to maintain on file the signature for EVERY PRESCRIBER who's name appears on the prescription.

When more than one name appears on a prescription, A RESPONSIBLE PRESCRIBER must be indicated.

This prescriber within the practice is responsible for ordering, receiving and distributing the scripts to other prescribers within the practice.

DATE OF ORDER:

PRESCRIBERS NAME (PLEASE PRINT):

PRESCRIBER'S SIGNATURE:

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RESPONSIBLE PRESCRIBER: (PLEASE PRINT): _____