

# ORDER NJ RX LASER SHEETS

Please include sample imprint with your order.

**One Order Per Form**

NJ Law states we can only ship to address of record.

Practice Name: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

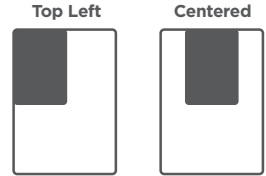
Specialty: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

DEA #: \_\_\_\_\_ Full License #: \_\_\_\_\_ NPI #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Laser Rx Paper Layouts:



Send Proof Via:  Fax: \_\_\_\_\_ Attn: \_\_\_\_\_

Email: \_\_\_\_\_

Shipping confirmations can be provided via email if provided.

Please select the following to complete your order:

LAYOUT:  Top Left  Centered

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

QUANTITY:  500 Sheets  1,000 Sheets  1,500 Sheets  2,000 Sheets  2,500 Sheets  5,000 Sheets  7,500 Sheets  10,000 Sheets  25,000 Sheets



## 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): \_\_\_\_\_