# INSTRUCTIONS FOR ORDERING

## *UNIFORM NEW JERSEY PRESCRIPTION BLANKS*

**v080121**

- **COMPLETE THE ATTACHED ORDER FORM IN FULL**
- **COMPLETE IN FULL SCRIPT INFORMATION AND ALL REQUIRED STATE AND FEDERAL CONTROL NUMBERS**
- **COMPLETE SHIPPING INFO *(Required)***
- **SIGN WHERE INDICATED *(Required)***
- **DETERMINE SCRIPT PRICE GROUP**
- **CHECK THE QUANTITY OF PADS DESIRED**
- **CHECK PRINT OPTIONS AS NEEDED**
- **PROVIDE CONTACT INFORMATION BELOW SHOULD WE HAVE A QUESTION**
- **EMAIL PAGES 1,2,3, AND 4 to:**

**customerservice@actiongraphicsusa.com**

Practice or Facility Name: _____

Your Name (please print): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

***YOU WILL RECEIVE ACKNOWLEDGEMENT VIA EMAIL***

# UNIFORM NEW JERSEY PRESCRIPTION BLANKS ORDER FORM

## Ordering Instructions:

1. Per state requirements, all orders and reorders for Uniform New Jersey Prescription Blanks must be submitted in writing via mail or fax.
2. Use one Order Form per prescription order. Multiple prescriber names and one address may be printed on the front of each prescription. Additional addresses may be printed on the back for an additional cost.
3. The address used for shipping MUST MATCH with the listing of authorized prescribers and health care facilities on file with the licensing board.
4. License numbers must be provided for each prescriber or facility.
5. The signature of each authorized prescriber or health care facility representative must be provided with each order.
6. Starting Number will start at "1" (one) for each order.

***PRINT NEATLY AND CLEARLY IN BLACK PEN***

### Information to be Printed on Prescription Blank:

1. Practice or Facility Name (if applicable): _____ NPI # (required): _____
2. Prescriber Name: _____ Degree: _____
3. Practice or Specialty (only if to print below prescriber name(s): _____ License #: _____
4. Address to print on front: _____

   City _____ State: _____ Zip: _____

   Telephone #: _____ Fax # (if to printed): _____
5. Specify if Applicable: DEA#: _____ TPA Cert #: _____

   (If DEA # is not provided, a blank line will be printed to be filled in by prescriber if applicable.) (If TPA# is not provided, a blank line will be printed to be filled in by prescriber if applicable.)

   Facility Provider #: _____ Certification #: _____

## SHIPPING INFORMATION

***Official Address on File with the State Board:***

Street Address: _____

City: _____ State: _____ Zip: _____

**IMPORTANT: If more than one prescriber is listed on the same blank, One of the prescribers is to be responsible for the shipment. That person must sign here:**

**X** _____

**PLEASE NOTE: By signing, you agree that you are the responsible party for this shipment of prescription blanks. Please make certain that the address given above is the same as it appears with your medical licensing board.**

**PRESCRIBER SIGNATURE: X** _____

***(REQUIRED EACH TIME AN ORDER IS PLACED)***

# NJ Scripts

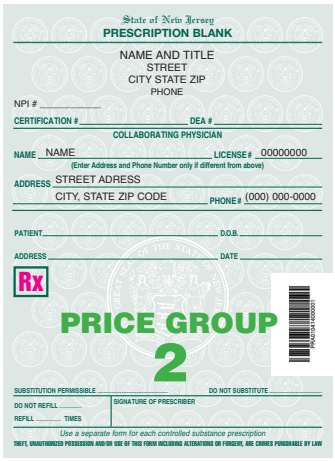
## NEW JERSEY PRESCRIPTION FORMS

Below are the standard layouts we will use on all New Jersey Prescription Forms.
Please see the order sheet for specific instructions.
Size" x 5½" - Face-PMS336 Green/Back-PMS229 Blue - Imprint Information Black

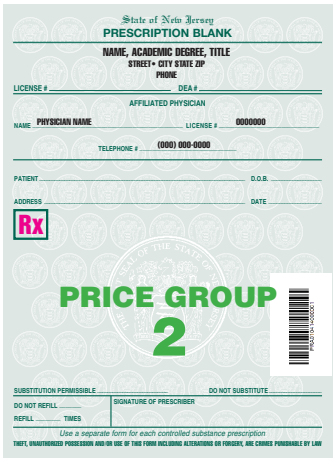

#1 MD, DO, DDS, DMD, DPM, DVM


#2 Healthcare Facility

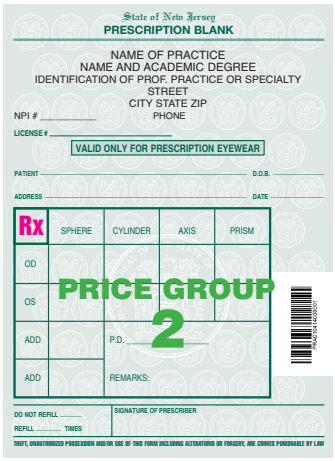

#3 Optometrist TPS Certified



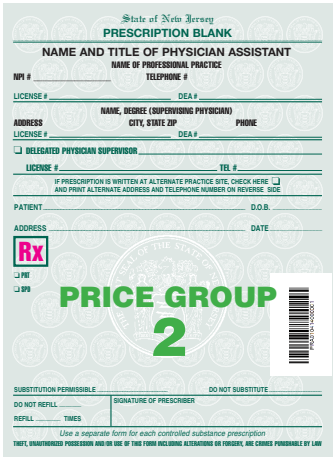

#4 Advanced Practice Nurse




#5 Certified Nurse Midwife




#6 Prescribing Eye Wear




#8 Physician Assistant



**ACTION GRAPHICS** • Tel: (856) 783-1825 • Email: customerservice@actiongraphicsusa.com

# DISCOUNT Uniform New Jersey Prescription Blanks Price List*

## FOR REORDERS – Attach a sample of original Prescription Blank for Faster Processing

All imprinted information will be printed in black. 2nd part of 2 Part form is blank. (Only black copy will be printed on duplicate copies of the 2 part form is required) See "Print Face Part 2" below for additional charges. Form size is 4" x 5.5". Printed on 20# Laser Bond. 2 part forms has CB 20# white on Part 1 and CF 20# canary second part. 1 part forms are padded 100 per pad. 2 part forms are padded in 100 sets per pad (see below option for pads of 50). All orders shipped UPS Ground UNLESS indicated differently below. Each order is numbered starting at 1 (one).

### PRICE GROUP 1
### Doctor Format Only

### PRICE GROUP 2
### All Other Formats

## *Check Qty and Type Desired*

| No. Pads<br>Product Code | 1 Part (100/Pad)<br>(PC41-NJ14) | 2 Part (100/Pad)<br>(PC41-NJ214) |
|---|---|---|
| 5 Pads | ◉ 25.50/pad | ○ 34.95/pad |
| 10 Pads | ○ 19.15/pad | ○ 26.25/pad |
| 20 Pads | ○ 11.35/pad | ○ 15.80/pad |
| 40 Pads | ○ 8.35/pad | ○ 11.80/pad |
| 60 Pads | ○ 7.60/pad | ○ 11.60/pad |
| 80 Pads | ○ 7.15/pad | ○ 10.95/pad |
| 120 Pads | ○ 6.80/pad | ○ 10.60/pad |

| No. Pads<br>Product Code | 1 Part (100/Pad)<br>PC4_(2,3,4,5,6,8-NJ14) | 2 Part (100/Pad)<br>PC4_(2,3,4,5,6,8-NJ214) |
|---|---|---|
| 5 Pads | ○ 26.15/pad | ○ 38.45/pad |
| 10 Pads | ○ 19.60/pad | ○ 28.90/pad |
| 20 Pads | ○ 13.10/pad | ○ 20.75/pad |
| 40 Pads | ○ 10.15/pad | ○ 17.75/pad |
| 60 Pads | ○ 9.50/pad | ○ 17.20/pad |
| 80 Pads | ○ 9.20/pad | ○ 16.65/pad |
| 120 Pads | ○ 8.90/pad | ○ 16.00/pad |

## *Check Print Options and Additional Services Desired*

| Feature | Forms/Pad | 5 | 10 | 20 | 40 | 60 | 80 | 120+ |
|---|---|---|---|---|---|---|---|---|
| ☐ Print face of 2nd Part per pad | 100 | 8.30 | 5.80 | 5.20 | 4.90 | 4.90 | 4.90 | 4.80 |
| ☐ Back print 1 part form pp | 100 | 11.80 | 7.80 | 6.00 | 5.40 | 5.20 | 5.00 | 4.90 |
| ☐ Back Print part 1 of 2 part form pp | 100 | 12.80 | 8.30 | 6.30 | 5.80 | 5.60 | 5.40 | 5.30 |
| ☐ Pad in 50's Standard pp | 0.65/pad | | | | | | | |
| ☐ Proof Charge | 35.00 (No proof charge for orders over 300.00) | | | | | | | |
| ☐ ***Print*** Rush Service | 65.00 (excludes expedited shipping cost, see below) | | | | | | | |

☐ ***Expedited*** Shipping* select one... ◉ 3 Day Ground ○ 2nd Day Air ○ Next Day Before 10:30 am ○ Next Day Air

* ALL orders shipped UPS Ground **UNLESS** indicated differently above. Additional cost.

**For larger quantities and/or Laser Scrips…Call: (856) 783-1825 or Email: customerservice@actiongraphicsusa.com**

**** • all prices are based on cash/check form of payment, subject to change without notice and do not include shipping and tax. • for credit card forms of payment, a 3.8% service fee will be added • ADULT SIGNATURE REQUIRED for shipping. • download and print current order form and pricing anytime at: www.actiongraphicsusa.com or call (856) 783-1825.***

*Thank You For Your Business!*