



## New Jersey Controlled Substance Prescription Order Form.

To order counterfeit-resistant prescription blanks:

COMPLETE ORDER FORM and SUBMIT TO:

Quill.com

Fax: 800-328-0023

Email: [RX@quill.com](mailto:RX@quill.com)

If you have any questions, call 800-789-6040

### Security Features

1. A 15-digit unique ID and barcode will be printed on the RX blanks that identifies the print, print date and print job for audit purposes. This combined with sequential numbering makes each individual blank unique
2. Repetitive New Jersey state seal
3. Thermochromic ink of RX
4. List of security features printed on the form
5. Hollow void pantograph
6. Micro printing of "State of New Jersey Prescription Blank"

Item Number	Description	Parts	Qty./Pad	Size
16001P	MD, DO, DDS, DMD, DPM, DVM, VMD, BVSC	1	100	4 x 5 ½ "
16006P	Advanced Practice Nurse	1	100	4 x 5 ½ "
16061P	Physician Assistant	1	100	4 x 5 ½ "

Starts at 8 pads for a minimum order. Order in increments of 8.

Item Number	Description	Parts	Qty./Pad	Size
16008P	MD, DO, DDS, DMD, DPM, DVM, VMD, BVSC	2	50	4 x 5 ½ "

Starts at 16 books for a minimum order. Order in increments of 8.

Item Number	Description	Parts	Qty./Pack	Size
10699P	Formatted Laser Paper of version 16001P	1	500	4 x 5 ½ "

Starts at 1 pack for a minimum order. Order in increments of 1. Script size: 4 x 5 ½ ", sheet size 8 ½ x 11"

**Note:** Pricing available by request and subject to change. Quill.com collects tax in all states that have a sales/use tax. It will be added to your final order confirmation at the applicable rate for your state.

Account number:					
Bill to company name:					
Address:					
City:		State:		Zip:	

**IMPORTANT!** Prescriptions MUST be shipped to the practitioner's address on file with the licensing board.

If the address does not match, the order will need to be resubmitted with the correct information. This will delay the processing of your order.

Ship to name:					
Ship to address:					
City:		State:		Zip:	

Item number	Quantity

**Note:** If the quantity does not align with minimum order requirements/increments above, we will correct to the closest fulfillable quantity

Free proofs automatically sent on NEW orders or a reorder with changes. If you are reordering, and there are no changes from your previous, no proof will be sent (unless requested) as prior imprint information is on file. Please keep in mind that requesting proofs on reorders can delay your order up to 6 additional days.

Email Address for Proof: \_\_\_\_\_

Prescriber information: The information below will be pre-printed on the pads.

**If there is more than one practitioner listed below, one practitioner needs to be designated the responsible party for the shipment of the new forms. By signing below, you are accepting responsibility for this shipment of prescription blanks under the New Jersey law.**

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Practitioner's Name	Degree	License #	Certificate	NPI #	DEA #	Signature
<i>4 practitioners allowed per pad. Names will be printed as shown on license.</i>		<i>Pre-printing required</i>	<i>Pre-printing required if ordering 16003P</i>	<i>Pre-printing required</i>	<i>Optional. We will pre-print a blank line if number is not provided</i>	<i>Required for each practitioner listed</i>

Clinic Information: Please detail the information you want pre-printed. To ensure accuracy include a sample of the clinic(s) information as printed on a prescription. Only 4 locations allowed per pad. If numbering or body print is required, you will be charged accordingly.

Clinic Name:					
Address:					
City:		State:		Zip:	
Phone:		Fax:			