



New Jersey Optometrist 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

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"

Additional information

1. Sequential numbering is mandatory. Every order (new or reorder) will begin with 000001
2. Additional practitioners may be printed on the face of the blank for no additional cost
3. Only one practice site may be printed on the face of the blank. Additional addresses can be printed on the back for an additional charge
4. Prescription blanks can only be shipped to the designated practitioner's address of record on file with the licensing board.
5. Shipment must be signed for by an adult

Item Number	Certified	Description (padded at the top)	Parts	Qty./Pad	Size
16003P	OM certified	Prescription Drugs ONLY, Single Prescription (Single or Multiple prescribers)	1	100	4 x 5 ½"
16005P	TO certified	Eyewear ONLY, Single prescription (Single or Multiple prescribers)	1	100	4 x 5 ½"

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

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:			