

NJ LAW  
NOW  
REQUIRES  
SEQUENTIAL  
NUMBERING

National Rx Security, Inc.  
535 2nd Street, S.W. • Vero Beach, FL 32962 • Tel 1-800-510-1050

Fax: 800-500-3060

## N.J. PRESCRIPTION PAD ORDER FORM

*For Prescribing Eye Wear*

\*\*\**(SAMPLE FORMAT)*\*\*\*

1. NAME OF PROFESSIONAL PRACTICE
2. NAME & ACADEMIC DEGREE
3. IDENTIFICATION OF PROFESSIONAL PRACTICE OR SPECIALTY
4. ADDRESS
5. CITY, STATE, ZIP
6. TPACERT#
7. TELEPHONE #
8. LICENSE # (12 Digits)
9. BATCH # (Provided by Printer)
10. NPI# (10 Digits)
11. SERIAL #: (Preprinted on script)

VALID FOR PRESCRIPTION EYE WEAR

**\*PLEASE NOTE THAT WE MUST SHIP PADS TO WHERE YOUR NJ LICENSE #  
IS REGISTERED WITH THE STATE. (TO VERIFY, CALL 1-800-510-1050)**

**PLEASE PRINT CLEARLY AS YOU WOULD LIKE IT TO APPEAR ON THE SCRIPT**

1 Name of Professional Practice \_\_\_\_\_

2 Name & Academic Degree \_\_\_\_\_

3 Identification of Professional Practice or Specialty \_\_\_\_\_

4 Address \_\_\_\_\_

5 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6 TPA Cert# \_\_\_\_\_ 7 Tel. # ( \_\_\_\_\_ ) \_\_\_\_\_

8 Lic. # \_\_\_\_\_ 9 Batch # (*Provided by printer*) \_\_\_\_\_

10 NPI# \_\_\_\_\_ 11 Serial # (*Preprinted on scripts*) \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

Please **CIRCLE** the amount you want to order.

### SINGLE SHEET SCRIPTS

Single scripts = 100 sheets per pad

### \*2-PART SCRIPTS

\*2-PART = 50 Original scripts and 50 blank copy sheets

Qty	800	1600	2400	3200	4000	4800	9,600	800	1600	2400	3200	4000	4800	9,600
	77.95	110.95	149.95	188.95	233.95	259.95	467.95	113.95	131.95	185.95	264.95	341.95	401.95	737.95
S/H	12.95	13.95	14.95	15.95	16.95	17.95	19.95	13.95	15.95	16.95	17.95	18.95	19.95	21.95
<b>Total</b>	<b>90.90</b>	<b>124.90</b>	<b>164.90</b>	<b>204.90</b>	<b>250.90</b>	<b>277.90</b>	<b>487.90</b>	<b>127.90</b>	<b>147.90</b>	<b>202.90</b>	<b>282.90</b>	<b>360.90</b>	<b>421.90</b>	<b>759.90</b>

**SCRIPTS WILL CONFORM TO YOUR LEGAL STATE FORMAT**

DISC  AMEX  Security Code \_\_\_\_\_

VISA  M/C  Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

**Address verification system for credit. If you are paying by credit card, you MUST put the address where the credit card statement is sent when you receive your bill.**

**Required: PRINT** Cardholder's name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**SHIPPED WITHIN 4-5 DAYS FROM RECEIPT OF ORDER & PAYMENT**