

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 Physician Assistants

1. Name and Title (PA-C) of Physician Assistant	2. Identification of Professional Practice or Specialty
3. Office Tel. # of Physician Assistant	4. License # of PA-C
6. Batch # (Provided by printer)	5. DEA# of PA-C (Prints only if requested)
7. NPI # (10 Digits)	8. Serial # (Preprinted on script)
9. Name & Academic Degree of Supervising Physician	
10. Address of Physician	12. License # of Supervising Physician
11. City, State & Zip Code	13. Office Tel. # of Supervising Physician

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 & Title of Phys. Asst. _____

2 Identification of Prof. Practice or Specialty _____

3 Tel. # of PA-C (_____) _____ 4 Lic# of PA-C _____

5 *DEA of PA-C _____ 6 Batch # (Provided by printer)
*(Prints only if requested)

7 NPI # _____ 8 Serial # (Preprinted on script)

9 Name & Degree of Supervising Phys. _____

10 Address of Physician _____

11 City _____ State _____ Zip _____

12 Lic# of Phys. _____ 13 Tel. # of Sup. Phys.(_____) _____

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
Total	90.90	124.90	164.90	204.90	250.90	277.90	487.90	127.90	147.90	202.90	282.90	360.90	421.90	759.90

SCRIPTS WILL CONFORM TO YOUR LEGAL STATE FORMAT

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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.

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