

National Rx Security Inc. ~ Celebrating 25 Years in Business

NJ LAW NOW
REQUIRES A
SEQUENTIALLY
NUMBERED
BARCODE

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 Nurse Practitioner / Clinical Nurse Specialist

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

COLLABORATING PHYSICIAN

(Preprinting of collaborating Physician information is optional)

Name: _____ Lic #: _____

Address: _____

(Enter Address & Phone # only if different from Nurse.)

_____ Phone #: _____

1 Name _____, **APN** only accepted degree by NJ law

2 Address _____

3 City _____ State _____ Zip _____

4 Certification # _____

5 Tel.#(_____) _____ 8 Sequentially Numbered Barcode **(Preprinted on script)**

6 *DEA # _____ 7 NPI # _____
**(Prints only if requested)*

****** Please CIRCLE IN INK 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 |
|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | 96.95 | 132.95 | 175.95 | 218.95 | 267.95 | 296.95 | 525.95 | 136.95 | 155.95 | 215.95 | 299.95 | 387.95 | 453.95 | 822.95 |
| Tax | 6.42 | 8.81 | 11.66 | 14.51 | 17.75 | 19.67 | 34.84 | 9.07 | 10.33 | 14.31 | 19.87 | 25.70 | 30.07 | 54.52 |
| S/H | 16.95 | 17.95 | 18.95 | 19.95 | 20.95 | 22.95 | 29.95 | 17.95 | 18.95 | 19.95 | 20.95 | 21.95 | 23.95 | 30.95 |
| Total | 120.32 | 159.71 | 206.56 | 253.41 | 306.65 | 339.57 | 590.74 | 163.97 | 185.23 | 250.21 | 340.77 | 435.60 | 507.97 | 908.42 |

Contact Name _____ **Phone#** _____

E-MAIL ADDRESS: _____

Contact information is for us to reach you with regard to your order and will not be printed on the scripts

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.**

Address _____ Zip _____

Print Cardholder's Name _____

Cardholder's Signature _____ Title _____ Date _____

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

Visit us at nationalrx.net