



Order Date: _____
 Email: _____
 This is a REORDER: YES NO

New Jersey Prescription Order Form

Send Orders to: info@aptconj.com (only email orders will be accepted)
This is a writable pdf no handwritten forms will be accepted

Phone: 908-392-4664

INFORMATION TO BE PRINTED ON PRESCRIPTION BLANK:

Practice / Facility Name (optional) _____ NPI# _____
 Prescriber Name with certification _____ License# _____
 Address _____ (Suite/Floor/Bldg) _____ DEA# _____
 City, State Zip _____ Cert# _____
 Phone# _____ Fax# _____ Email# _____
 Specialty _____ Facility Provider# _____

(MUST HAVE EACH TIME ORDER IS PLACED) →

PRESCRIBER SIGNATURE: _____

I AM RESPONSIBLE FOR SHIPMENT

Add additional doctors to be printed on the same prescription blank below (or one collaborating physician if ordering pads for Nurse Practitioner/Certified Nurse Midwife/Physician Assistant.) **IMPORTANT:** If more than one name is listed on the blank, ONE person is responsible for the shipment.

Prescriber Name with certification _____
 License# _____ DEA# _____
 NPI# _____ Cert# _____

SIGNATURE REQUIRED BY LAW
 I AM RESPONSIBLE FOR SHIPMENT

Prescriber Name with certification _____
 License# _____ DEA# _____
 NPI# _____ Cert# _____

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ORDERING INFORMATION:

MD DO DMD DDS DPM DVM VMD
 PAC APN CNM OD OTHER _____

Optometrists

Without eyewear box
 Print Contact Warning (applies only to without eyewear box)
 With eyewear box

ADDITIONAL ADDRESSES FOR BACKER

Practice name if different: _____

Address: _____ (Suite/Floor/Bldg)
 City: _____
 Phone: _____ State: _____
 Fax: _____ NJ Zip: _____

Practice name if different: _____

Address: _____ (Suite/Floor/Bldg)
 City: _____
 Phone: _____ State: _____
 Fax: _____ NJ Zip: _____

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Address: _____ (Suite/Floor/Bldg)
 City: _____
 Phone: _____ State: _____
 Fax: _____ NJ Zip: _____

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City, State Zip _____

Phone# _____ Fax# _____ E-mail _____

QUANTITY AND BASE PRICING

One Part Plain Single Paper Pad (Single Sheet, 100 blanks per pad)

- 8 Pads \$140 20 Pads \$198 32 Pads \$254
- 40 Pads \$308 48 Pads \$370 100 Pads \$758

Two Part Carbon(less) (2 Sheets, Top/Yellow, 50 blanks per pad)

- 8 Pads \$179.50 20 Pads \$228 32 Pads \$320
- 40 Pads \$385 48 Pads \$608 100 Pads \$955

Perforated Laser Sheets for Printer (Regular – Printed Upper Left)

- 500 sheets \$240 1,000 sheets \$291 2,000 sheets \$483 3,000 sheets \$640
- 4,000 sheets \$790 5,000 sheets \$991 10,000 sheets \$1939

Perforated Laser Sheets for Printer (“U” – Printed Upper Middle)

- 500 sheets \$298 1,000 sheets \$355 2,000 sheets \$548 3,000 sheets \$704
- 4,000 sheets \$857 5,000 sheets \$1060 10,000 sheets \$1958

Normal Production Time

3-5 business days after proof approval

Rush Production Time

Within 3 business days after proof approval

Normal Production Time

5-7 business days after proof approval

Rush Production Time

Within 5 business days after proof approval

50% UPCHARGE FOR BACK ADDRESS PRINTING

applies to all pads and laser sheet orders

Rush Service is available for a fee (Does not include weekends)

SHIP TO: Address MUST be on file with the state of NJ

Ship to the address above

Prescriber Name _____

Email (for Proof/Tracking) _____

Address _____ (Suite/Floor/Bldg)

City, State, ZIP _____

PAYMENT INFORMATION:

Practice is an approved, billable account

PO# _____

Name on Card _____

Credit Card# _____ CCV# _____ Exp. Date _____

E-mail _____ Date _____

Address _____ (Suite/Floor/Bldg)

City _____ State _____ Zipcode _____

Signature _____

Thank You For Your Order! Aptco Inc, 150 Maple Ave, Suite 165, South Plainfield, NJ 07080