

This document IS REQUIRED with every order for New Jersey Prescription Blanks.



This document completes my order to Micro Format, Inc. for New Jersey Prescription Blanks

The State of New Jersey requires the manufacturer of Prescription Blanks to maintain on file the signature for EVERY PRESCRIBER who's name appears on the prescription.

When more than one name appears on a prescription, A RESPONSIBLE PRESCRIBER must be indicated. This prescriber within the practice is responsible for ordering, receiving and distributing the scripts to other prescribers within the practice.

DATE OF ORDER

PLEASE PRINT
PRESCRIBER'S NAME

PRESCRIBER'S SIGNATURE

DATE OF ORDER		PLEASE PRINT PRESCRIBER'S NAME	PRESCRIBER'S SIGNATURE
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____
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_____	<input type="checkbox"/>	_____	_____
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CHECK BOX TO INDICATE RESPONSIBLE PRESCRIBER

PLEASE SIGN AND RETURN THIS DOCUMENT ALONG WITH A COPY OF EACH PROVIDERS MEDICAL LICENSE TO MICRO FORMAT, INC. AT FAX: 847-520-0197 OR EMAIL: CUSTOMERSERVICE@MICROFORMAT.NET

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