

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

| | | | |
|-------|--------------------------|-------|-------|
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INDICATE RESPONSIBLE PRESCRIBER

PLEASE SIGN AND RETURN THIS DOCUMENT BY FAX TO
MICRO FORMAT, INC.
FAX # 847-520-0197

ALL NEW JERSEY PRESCRIPTIONS
SOLD BY MICRO FORMAT, INC. ARE MANUFACTURED
by PRINTCO, Inc. A NJ STATE APPROVED MANUFACTURER

MICRO FORMAT, INC.
830 SETON COURT SUITE 3
WHEELING ILLINOIS 60090
847/520-4699 ~ 800/333-0549