

# Official Prescription Program Order Form

- Complete items 1-5. An incomplete form may result in the delay of your order.
- **Do not send this order form in until you have:**
  - registered with the NYS Official Prescription Program. Registration can be completed online through the Health Commerce System using the application called ROPES (Registration for Official Prescriptions and E-Prescribing Systems).
  - a *current* registration certificate, if you maintain one, from the Drug Enforcement Administration. For questions, contact: [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov).
- Send order form to: Taylor Communications  
Official NYS Prescription Program  
111 West First Street  
Dayton, OH 45406
- If you have questions about Official Prescriptions, call the New York State Official Prescription Program at **1-866-772-4683**.

1. NYS License Number   -

2. Drug Enforcement Administration (DEA) Number (if applicable)   -

*DEA Registered Address:* Prescriptions can only be printed and shipped to the address printed on your Drug Enforcement Administration (DEA) Registration. If you do not have a DEA registration, prescriptions can only be printed and shipped to your Primary Practice address registered with the NYS Official Prescription Program.

Name \_\_\_\_\_

DEA Registered Address \_\_\_\_\_

Phone Number to Print on Prescription Pads (     )     -

3. Number of Books (20 book maximum. Order only up to a one-month supply of Official Prescriptions.)

1 (100 Rx)    5 (500 Rx)    10 (1,000 Rx)    15 (1,500 Rx)    20 (2,000 Rx)

By my signature, I certify that I am registered with the DEA (if applicable) and that a current order of the Commissioner of Health revoking or canceling use of such forms has not been served to me.

4. Signature \_\_\_\_\_ 5. Date \_\_\_\_\_

**\*\*\*ATTENTION PHYSICIAN ASSISTANT\*\*\***

Orders *must* also contain the name, license number and DEA number (if applicable) of the Supervising M.D.  
Orders not containing this information *will not be processed*.

Supervising M.D. Name \_\_\_\_\_

Supervising M.D. License Number \_\_\_\_\_

Supervising M.D. DEA Number \_\_\_\_\_