



WEB PRESCRIPTION ORDER FORM

To MAIL your prescription:

- 1. Have your Doctor write a prescription.
- 2. Send your new prescription along with this form to: **Express Scripts**

P.O. Box 66568

St. Louis, MO 63166-6568

To FAX your prescrip	tion:
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- 1. Have your Doctor fill out the bottom portion of this form.
- 2.Doctor can fax to: 877-755-4676

Class II medications cannot be faxed.

Faxed prescription can only be processed if

submitted by a Doctor.

PATIENT

Member ID: Last Name:	FirstName:	
Date of Birth:	Phone:	
	- Hone.	
Email:		
Allergies:	- was a substitute of the subs	
Health		
200		

DOCTOR/PRESCRIBER

DEA:		
Name:		
Address:		
Phone:	Section	3

I want non-child resistant caps for all future
I want a copy of my bottle label in large print on a separate sheet of paper.
Check here for rush shipment. Your order once received and filled, will be shipped overnight for \$21

PENNSYLVANIA LAW PERMITS PHARMACISTS TO SUBSTITUTE A LESS EXPENSIVE GENERICALLY EQUIVALENT DRUG FOR A BRAND NAME DRUG UNLESS YOU OR YOUR PHYSICIAN DIRECT OTHERWISE.

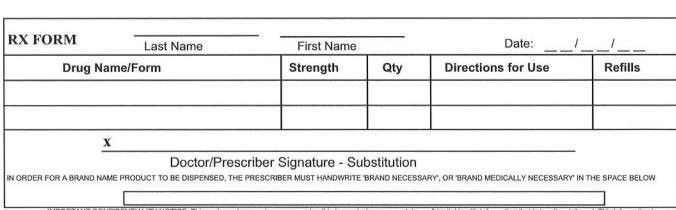
CHECK HERE IF YOU DO NOT WANT A LESS EXPENSIVE BRAND OR GENERIC DRUG PRODUCT. I UNDERSTAND THAT BY SELECTING THIS STATEMENT, I MAY INCUR ADDITIONAL COSTS ACCORDING TO THE GUIDELINES OF MY PRESCRIPTION PLAN. WRITE BRAND ONLY ON THE BACK OF ANY PRESCRIPTION YOU WANT TO RECEIVE AS A BRAND MEDICATION







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Express Scripts Inc.

BEN/TEM BLANK WEB FAX FRM Rev 11/21/2008