EXPRESS SCRIPTS®

WEB PRESCRIPTION ORDER FORM

[redacted]

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 prescription:
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: _____

Address: _____

_____

_____

Email: _____

Allergies: _____

_____

Health _____

_____

_____

Over the Counter (OTC) _____

_____

DOCTOR/PRESCRIBER

DEA: _____

Name: _____

Address: _____

_____

Phone: _____

Fax: _____

PATIENT OPTIONS

☐ 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

[redacted] 2161 00022654001 [redacted]

RX FORM _____ Last Name _____ First Name Date: __ __ / __ __ / __ __

Drug Name/Form	Strength	Qty	Directions for Use	Refills

X _____

Doctor/Prescriber Signature - Substitution

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE 'BRAND NECESSARY', OR 'BRAND MEDICALLY NECESSARY' IN THE SPACE BELOW