



EXPRESS SCRIPTS®

HOME DELIVERY PHARMACY ORDER FORM

To MAIL your prescription:

1. "Patient" box must be filled out.
2. Have your Doctor write a prescription.
3. Send your new prescription along with this completed form to:
Express Scripts Home Delivery Service
PO Box 66584
St. Louis MO 63166-6584

To FAX your prescription:

1. Both "Dr/Prescriber" and "Rx Form" boxes must be filled out.
2. Doctor can fax to: 1-800-875-6356
 - **Class II prescriptions cannot be faxed.**
 - Faxes will only be accepted from a doctor's office.

PATIENT

Member ID: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Phone: _____

Address: _____

E-mail: _____

Allergies: _____

Health Conditions: _____

Over-the-Counter Medications: _____

DOCTOR/PRESCRIBER

DEA: _____

Name: _____

Address: _____

Phone: _____

Fax: _____

PATIENT OPTIONS

- I want non-child resistant caps, when available.
- I want a copy of my bottle label in large print on a separate sheet of paper.
- Check here for rush delivery. Once your order is received and filled, it will be shipped overnight for \$21.

To make payment arrangements for this order please visit your health plan's website. From your health plan's website, you will need to access the Express Scripts home delivery pharmacy site to set up a patient profile. If this profile is not created, it may delay your order.

We cannot process your order until payment is received.



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Rx

First Name _____

Last Name _____

Date: ____ / ____ / ____

Drug Name/Form/Strength	Qty	Directions for Use	Refills

X _____

X _____

Doctor/Prescriber Signature – Substitution Permissible

Doctor/Prescriber Signature – Dispense as Written

Stamped signatures cannot be accepted.

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