



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.

If you want to make a payment or update your health conditions, please visit your health plan provider's website.



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Rx		Date: ___ / ___ / ___	
First Name _____		Last Name _____	
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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