Express Scripts Medication Mail Order Form

To order online: visit express-scripts.com/starthd, select "Register"

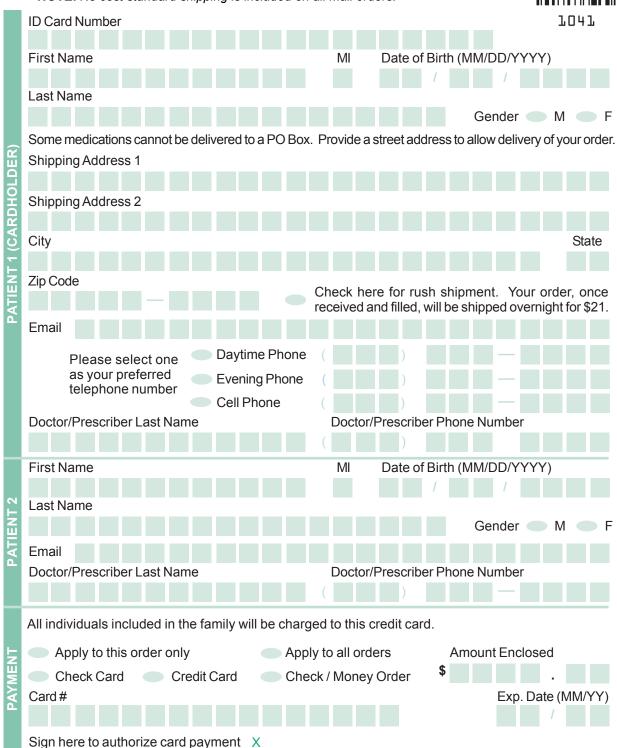
To order by phone: call 1-800-892-5119 (TTY: 1-800-305-5376)

To order using e-prescribe: ask your doctor to e-prescribe your prescription, or fax it to 1-800-837-0959 To order by mail: complete this form using capital letters and black ink, then mail it, along with a 90-day prescription (or the maximum supply allowed) to:

Home Delivery Service

PO Box 66566, St Louis, MO 63166-9967

NOTE: No cost standard shipping is included on all mail orders.





Patient 1 (Cardholder) Patient 2 Date of Birth is required for Name: Name: patient identification. I want non-child resistant caps, I want non-child resistant caps, when available. when available. Failure to provide complete and accurate information may prevent Date of Birth (MM/DD/YYYY) Date of Birth (MM/DD/YYYY) the pharmacy from detecting drug related problems. List other Allergies here: No Known Allergies List other Allergies here: Acetaminophen/Tylenol® Amoxicillin GALLERGI Aspirin Cephalosporin (i.e., Keflex®, Cephalexin) Codeine Erythromycin, Biaxin®, Zithromax® NSAIDs (i.e., Ibuprofen, Naproxen) Oxycodone (i.e., OxyContin®, Percocet®) Penicillin Sulfa Tetracycline (i.e., Doxycycline, Minocycline) No Known Health Conditions List other Health List other Health Arthritis (715.9) Conditions here: Conditions here: Asthma (493.9) Chronic Bronchitis or Emphysema (496) Depression (311) Diabetes Type I (250.01) Diabetes Type II (250.00) Epilepsy/Seizures (345.9) GERD (530.81) Glaucoma (365.9) High Cholesterol (272.9) Hormone Replacement Therapy (627.9) Hypertension (401.9) Thyroid: Low (244.9) List other OTC that you take No Over-the-Counter Medications List other OTC that you take Acetaminophen/Tylenol® on a regular basis: on a regular basis: Advil®/Aleve®/Motrin® Aspirin/Excedrin® List Medical Devices here: List Medical Devices here: No Medical Devices Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model. No Other Prescriptions List other Prescription List other Prescription Medications here: Medications here: Prescription Medications not filled through Express Scripts Pharmacy.

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

Signature Required

More than two family members on your plan? On a separate sheet of paper, write the family member(s) name, date of birth, allergies and health conditions along with the name and phone number of their doctor/prescriber.

Please Note: Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.