



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	prescri	ption
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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:	
Address:		
Email:		
Allergies:	— — — — — — — — — — — — — — — — — — —	
Health		
1911		
Over the Counter (OT	.c)	

DOCTOR/PRESCRIBER

DEA: Name: Address:	
Phone: Fax:	

PATIENT OPTIONS

filled, will be shipped overnight for \$21

\Box	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.
_	24: 93:
	Check here for rush shipment. Your order once received and

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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X FORM Last Name		First Name		Date://	
Drug Na	me/Form	Strength	Qty	Directions for Use	Refills
X	C				
ORDER FOR A BRAND NAM		criber Signature - Suprescriber Must handwrite		ARY', OR 'BRAND MEDICALLY NECESSARY'	IN THE SPACE BELO

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Express Scripts Inc.

BENTEM BLANK WEB FAX FRM Rev 11/21/2008