



EXPRESS SCRIPTS®

# 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 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



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### 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

\_\_\_\_\_

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Express Scripts Inc.

BEN/TEM BLANK WEB FAX FRM Rev 11/21/2008