



WEB PRESCRIPTION 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 66558

St. Louis MO 63166-6558

To FAX your prescription:

- 1. Both "Dr/Prescriber" and "Rx Form" boxes must be filled out.
- 2. Doctor can fax to: 1-866-272-8856
 - Class II prescriptions cannot be faxed.
 - Faxed prescriptions can only be processed if submitted by a Doctor.
 - Stamped signatures cannot be accepted.

PATIENT DOCTOR/PRESCRIBER

Member ID:		DEA:			
First Name:		Name:			
		Address:			
Date of Birth:	Phone:				
		Phone:			
Address:		Fax:			
E-mail:Allergies:		separate sheet of paper. Check here for rush shipment. Your order, once			
Over-the-Counter Medications:					



RX FORM						
ICK I OKI-I	Last Name		irst Name	Date://	Date://	
	Drug Name/Form	Strength	Qty	Directions for Use	Refills	
x			X			
	Doctor/Prescriber Signature – Substitution Permissible			Doctor/Prescriber Signature – Dispense as Written		



Important Confidentiality Notice: This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.