



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 66773
 St. Louis, MO 63166-6773

To FAX your prescription:
 1. Have your Doctor fill out the bottom portion of this form.
 2. Doctor can fax to: 800-521-5779
 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



2161



00390412400



RX FORM		Last Name _____		First Name _____		Date: ___ / ___ / ___	
Drug Name/Form	Strength	Qty	Directions for Use		Refills		
X _____ Doctor/Prescriber Signature - Substitution				X _____ Doctor/Prescriber Signature - Dispense as			

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.