

## 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**

**PATIENT** 

P.O. Box 66564

St. Louis, MO 63166-6564

To FAX your prescription:

- 1. Have your Doctor fill out the bottom portion of this form.
- 2.Doctor can fax to: 877-207-0438

Class II medications cannot be faxed.

Faxed prescription can only be processed if submitted by a Doctor.

DOCTOR/PRESCRIBER

| Member ID:              |            | DEA:   |
|-------------------------|------------|--|
| Last Name:              | FirstName: | Name: Address:   |
| Date of Birth: Address: | Phone:     | Phone: Fax:  |
|                         |            | PATIENT OPTIONS  |
| Email: Allergies:       |            | 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 |
| Health                  | TC)        |  |
| Over the Counter (O7    |            |  |







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