



# HOME DELIVERY PHARMACY 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 66772  
St. Louis MO 63166-6772

### To FAX your prescription:

1. Both "Dr/Prescriber" and "Rx Form" boxes must be filled out.
2. Doctor can fax to: 1-866-312-7456
  - **Class II prescriptions cannot be faxed.**
  - Faxes will only be accepted from a doctor's office.

### PATIENT

Member ID: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Health Conditions: \_\_\_\_\_

\_\_\_\_\_

Over-the-Counter Medications: \_\_\_\_\_

\_\_\_\_\_

### DOCTOR/PRESCRIBER

DEA: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### PATIENT OPTIONS

- I want non-child resistant caps, when available.
  - I want a copy of my bottle label in large print on a separate sheet of paper.
  - Check here for rush delivery. Once your order is received and filled, it will be shipped overnight for \$21.
- To make payment arrangements for this order please visit your health plan's website. From your health plan's website, you will need to access the Express Scripts home delivery pharmacy site to set up a patient profile. If this profile is not created, it may delay your order. We cannot process your order until payment is received.**



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<b>Rx</b>		Date: ___ / ___ / ___	
First Name _____		Last Name _____	
<b>Drug Name/Form/Strength</b>	<b>Qty</b>	<b>Directions for Use</b>	<b>Refills</b>
<b>X</b> _____		<b>X</b> _____	
Doctor/Prescriber Signature – Substitution Permissible		Doctor/Prescriber Signature – Dispense as Written	
Stamped signatures cannot be accepted.			

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