



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  
 PO Box 1007  
 Bensalem, PA 19020-1007

To FAX your prescription:  
 1. Have your Doctor fill out the bottom portion of this form.  
 2. Doctor can fax to: 800-636-9494  
 Class II medications cannot be faxed.  
 Faxed prescription can only be processed if submitted by a Doctor.

## PATIENT

## DOCTOR/PRESCRIBER

Member ID: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Health \_\_\_\_\_  
 \_\_\_\_\_  
 Over the Counter (OTC) \_\_\_\_\_  
 \_\_\_\_\_

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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<b>RX FORM</b>		Last Name _____		First Name _____		Date: ____ / ____ / ____	
Drug Name/Form	Strength	Qty	Directions for Use	Refills			
<p>X _____          Doctor/Prescriber Signature - Substitution</p> <p>IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE 'BRAND NECESSARY', OR 'BRAND MEDICALLY NECESSARY' IN THE SPACE BELOW</p> <p>_____</p>							

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