

Instructions for Placing Your Order

To Mail This Order:

- 1. Complete or verify the Patient Information section of the order form.
- Obtain a written prescription from your doctor. Make sure your doctor writes the prescription for up to a 90-day supply of your medication (or for the maximum days supply allowed by your benefit). The prescription should include refills for up to one year, if appropriate.
- 3. Write the patient's name, ID number, address and date of birth on the prescription.
- Mail the order form and written prescription to the address below: Express Scripts, Inc.
 P.O. Box 967
 BenSalem, PA 19020-0967

To Have <u>Your Doctor</u> Fax This Order:

If you do not have a written prescription in hand, you can bring this order form to your doctor. Your doctor can then fax both your new prescription and your order.

Please note that your order **must** be faxed from your **doctor's office**. Faxes sent from other locations (such as your home or workplace) cannot be accepted.

To have your doctor fax your order:

- 1. Complete or verify the Patient Information section of the order form.
- Ask your doctor to fax both your new prescription and your order to: Express Scripts, Inc. 1-800-636-9494

Note: We cannot accept prescriptions for Schedule II controlled substances by fax. All prescriptions for these medications must be mailed.

Ordering Refills Is Quick and Easy

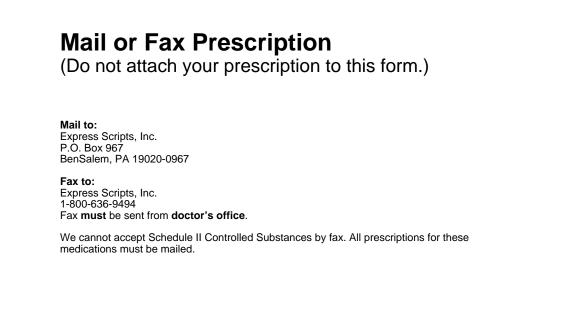
Return to www.express-scripts.com in two months to order your refill.



PRESCRIPTION ORDER FORM

PRESCRIBER CAN FAX TO: 1-800-636-9494

Patient Information	Allergies	
	Allergies	
Patient Name		
Address		
	Medical Conditions	
Phone		
E-Mail	Other	
Date of Birth		
Handling Instrs		



For Prescriptions Written in the State of New York: New York state law prohibits the faxing of prescriptions for controlled substances or syringes. To receive these items, you must mail a new written prescription to Express Scripts for each order.

To provide you with costs savings, we will dispense FDA-approved generic medications when allowed by your physician, subject to terms outlined in your plan.

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.