



EXPRESS SCRIPTS®

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 66785
St. Louis MO 63166-6785

To FAX your prescription:

1. Both "Dr/Prescriber" and "Rx Form" boxes must be filled out.
2. Doctor can fax to: 1-800-600-8105
 - **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.



2161

Rx

First Name

Last Name

Date: ____ / ____ / ____

Drug Name/Form/Strength

Qty

Directions for Use

Refills

X

Doctor/Prescriber Signature – Substitution Permissible

X

Doctor/Prescriber Signature – Dispense as Written

Stamped signatures cannot be accepted.

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