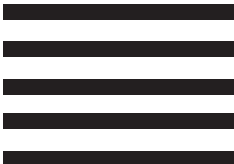


MLR-HMRK 1059769 REV 02/08/2016



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 122 LAS VEGAS, NV

POSTAGE WILL BE PAID BY ADDRESSEE



EXPRESS SCRIPTS®

**HOME DELIVERY SERVICE
PO BOX 6500
CINCINNATI OH 45273-8152**



Express Scripts Pharmacy Prescription Order Form

To order by mail: complete this form and ask your doctor to write your prescription for a

- Use ALL CAPITAL LETTERS in BLACK INK. Fill in the ovals as shown (●).
- Remember to mail your prescription with this completed form. Your medication will arrive within two weeks from the date we receive your first order.

NOTE: Standard shipping is FREE for online and mail orders.



1041

ID Card Number	
First Name	
MI	
Date of Birth (MM/DD/YYYY)	
Last Name	
Gender	☐ M ☐ F
Some medications cannot be delivered to a PO Box. Provide a street address to allow delivery of your order.	
Shipping Address 1	
Shipping Address 2	
City	
State	
Zip Code	
Email	

PATIENT 1 (CARDHOLDER)

Doctor/Prescriber Last Name	
Please select one	
Daytime Phone	
Evening Phone	
Cell Phone	
Doctor/Prescriber Phone Number	

PATIENT 2

First Name	
MI	
Date of Birth (MM/DD/YYYY)	
Last Name	
Gender	☐ M ☐ F
Email	
Doctor/Prescriber Last Name	
Doctor/Prescriber Phone Number	

PAYMENT

All individuals included in the family will be charged to this credit card.	☐	Apply to this order only	☐	Check Card	☐	Check / Money Order	☐	Amount Enclosed	☐	Card #	
Check here for rush shipment. Your order, once received and filled, will be shipped overnight for \$21.	☐	Apply to all orders	☐		☐		☐		☐	Exp. Date (MM/YY)	

Sign here to authorize card payment X

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Detach Here

Fold and tear off this piece before putting in the return envelope.

Detach Here

Moisten and fold this flap to seal return envelope.

REMINDER: This section must be removed before mailing.

[illegible]