Express Scripts Pharmacy Prescription Order Form

To order online: sign in at www.StartHomeDelivery.com and follow the prompts.

To order by mail: complete this form and ask your doctor to write your prescription for a 90-day supply or the maximum days allowed by your plan.

- 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.

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PATIENT 1 (CARDHOLDER)

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

Check here for rush shipment. Your order, once received and filled, will be shipped overnight for $21.

Email

Please select one as your preferred telephone number

Daytime Phone

Evening Phone

Cell Phone

Doctor/Prescriber Last Name

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

Apply to all orders

Amount Enclosed

$.

Check Card

Credit Card

Check / Money Order

Card #

Exp. Date (MM/YY)

Sign here to authorize card payment X

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Patient 1 (Cardholder)		Patient 2
Name: I want non-child resistant caps, when available. Date of Birth (MM/DD/YYYY)	**Date of Birth is required for patient identification.** Failure to provide complete and accurate information may prevent the pharmacy from detecting drug related problems.	Name: I want non-child resistant caps, when available. Date of Birth (MM/DD/YYYY)
DRUG ALLERGIES List other Allergies here:	**No Known Allergies** Acetaminophen/Tylenol® Amoxicillin Aspirin Cephalosporin (i.e., Keflex®, Cephalexin) Codeine Erythromycin, Biaxin®, Zithromax® NSAIDs (i.e., Ibuprofen, Naproxen) Oxycodone (i.e., OxyContin®, Percocet®) Penicillin Sulfa Tetracycline (i.e., Doxycycline, Minocycline)	List other Allergies here:
HEALTH CONDITIONS List other Health Conditions here:	**No Known Health Conditions** Arthritis Asthma Chronic Bronchitis or Emphysema Depression Diabetes Type I Diabetes Type II Epilepsy/Seizures GERD Glaucoma High Cholesterol Hormone Replacement Therapy Hypertension Thyroid: Low	List other Health Conditions here:
OTC List other OTC that you take on a regular basis:	**No Over-the-Counter Medications** Acetaminophen/Tylenol® Advil®/Aleve®/Motrin® Aspirin/Excedrin®	List other OTC that you take on a regular basis:
DEVICES List Medical Devices here:	**No Medical Devices** Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.	List Medical Devices here:
OTHER List other Prescription Medications here:	**No Other Prescriptions** Prescription Medications not filled through Express Scripts Pharmacy.	List other Prescription Medications here:

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

Signature Required X

More than two family members on your plan? On a separate sheet of paper, write the family member(s) name, date of birth, allergies and health conditions along with the name and phone number of their doctor/prescriber.

Please Note: Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.

MLRSTLT2PU 1156852 REV 05/18/2018

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 3580 ST LOUIS MO

POSTAGE WILL BE PAID BY ADDRESSEE

EXPRESS SCRIPTS®

HOME DELIVERY SERVICE
PO BOX 66567
ST LOUIS MO 63166-9968