



EXPRESS SCRIPTS®

**Express Scripts
Prescription Order Form**

**Mail to: Express Scripts
P.O. Box 66773
St. Louis, MO, 63166-6773**

To Order:

- Provide or verify the information below.
- Attach your original written prescriptions to the form.
- Mail the form to the address in the upper-right corner.

To realize cost savings for you, we will dispense FDA-approved generic medications when allowed by your physician, subject to the terms of your plan.

Member Information

Name:
Member ID:
Date of Birth:
Address:
E-mail Address:
Employer Name:
Insurance Company:

Payment Information

Type of Credit Card:
Credit Card Number:
Expiration Date:

Additional Information

Special Handling (if required):
Service Preferences:
Allergy Alert:
Medical Conditions:

Note: A separate form is required for each patient.