

# Express Scripts New Patient Home Delivery Form

1. Ask your doctor to write your prescription quantity for a 90-day supply.
2. Use **ALL CAPITAL LETTERS** in **BLACK INK**. Fill in the ovals as shown (●).
3. To avoid delays, please include this completed form with your first order. Standard shipping is FREE and should arrive within 14 days from the date we receive your order.



1341

Prescription Card ID Number

Grid for Prescription Card ID Number

First Name

MI

Date of Birth (MM/DD/YYYY)

Grid for First Name, MI, and Date of Birth

Last Name

Gender ● M ● F

Grid for Last Name

Some medications cannot be delivered to a PO Box. Provide a street address to allow delivery of your order.

Shipping Address 1

Grid for Shipping Address 1

Shipping Address 2

Grid for Shipping Address 2

City

State

Grid for City and State

Zip Code

Grid for Zip Code

Email

Grid for Email

Please select one as your preferred telephone number

● Daytime Phone ( )

● Evening Phone ( )

● Cell Phone ( )

Grid for Daytime Phone

Grid for Evening Phone

Grid for Cell Phone

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

Grid for Doctor/Prescriber Last Name and Phone Number

PATIENT (CARDHOLDER)

QUESTIONS?

## Questions about your Mail Order or Mail Order service?

Please call Express Scripts Home Delivery Pharmacy at

**1-800-945-5951**

24 hours a day, 7 days a week.

Hearing Impaired users should call

**1-800-972-4348**

MLR-WRC (MAILER) 09/03/2008

Detach Here

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

Detach Here



It is very important that you fill in this table as shown (●). Failure to provide complete and accurate information may prevent the pharmacy from detecting drug related problems.

**REMINDER: Remove this section before mailing to save these telephone numbers.**

Questions about your Mail Order or Mail Order service? Call Express Scripts Home Delivery Pharmacy at 1-800-945-5951, 24 hours a day, 7 days a week. Hearing Impaired users should call 1-800-972-4348.

DRUG ALLERGIES	List other Allergies here:	<input type="radio"/> <b>No Known Allergies</b> <input type="radio"/> Acetaminophen/Tylenol® <input type="radio"/> Amoxicillin <input type="radio"/> Aspirin <input type="radio"/> Cephalosporin (i.e., Keflex®, Cephalexin) <input type="radio"/> Codeine <input type="radio"/> Erythromycin, Biaxin®, Zithromax® <input type="radio"/> NSAIDs (i.e., Ibuprofen, Naproxen) <input type="radio"/> Oxycodone (i.e., OxyContin®, Percocet®) <input type="radio"/> Penicillin <input type="radio"/> Sulfa <input type="radio"/> Tetracycline (i.e., Doxycycline, Minocycline)			
	HEALTH CONDITIONS	List other Health Conditions here:	<input type="radio"/> <b>No Known Health Conditions</b> <input type="radio"/> Arthritis (715.9) <input type="radio"/> Asthma (493.9) <input type="radio"/> Chronic Bronchitis or Emphysema (496) <input type="radio"/> Depression (311) <input type="radio"/> Diabetes Type I (250.01) <input type="radio"/> Diabetes Type II (250.00) <input type="radio"/> Epilepsy/Seizures (345.9) <input type="radio"/> GERD (530.81) <input type="radio"/> Glaucoma (365.9) <input type="radio"/> High Cholesterol (272.9) <input type="radio"/> Hormone Replacement Therapy (627.9) <input type="radio"/> Hypertension (401.9) <input type="radio"/> Thyroid: Low (244.9)		
		OTC	List other OTC that you take on a regular basis:	<input type="radio"/> <b>No Over-the-Counter Medications</b> <input type="radio"/> Acetaminophen/Tylenol® <input type="radio"/> Advil®/Aleve®/Motrin® <input type="radio"/> Aspirin/Excedrin®	
			DEVICES	List Medical Devices here:	<input type="radio"/> <b>No Medical Devices</b> Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.
				OTHER	List other Prescription Medications here:
		CAPS			<input type="radio"/> <b>I want non-child resistant caps for all future orders.</b>

**Moisten and fold this flap to seal return envelope.**



EXPRESS SCRIPTS®  
 WORKERS' COMPENSATION  
 MAIL PHARMACY SERVICE  
 PO BOX 60924  
 PHOENIX AZ 85072-0924



Postage  
 Required  
 Post Office will  
 not deliver  
 without proper  
 postage

