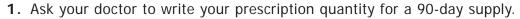
Express Scripts New Patient Home Delivery Form





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.



M

Gender

1.747.

First Name

MI Date of Birth (MM/DD/YYYY)

Last Name

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

Shipping Address 1

Prescription Card ID Number

Shipping Address 2

City State

Zip Code

CA

Doctor/Prescriber Last Name Doctor/Prescriber Phone Number

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

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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.

	List other Allergies here:	No Known Allergies
		Acetaminophen/Tylenol®
S		Amoxicillin
Щ		Aspirin
200		Cephalosporin (i.e., Keflex®, Cephalexin)
Ш		Codeine
DRUG ALLERGIES		Erythromycin, Biaxin®, Zithromax®
19		NSAIDs (i.e., Ibuprofen, Naproxen)
품		Oxycodone (i.e., OxyContin®, Percocet®)
		Penicillin
		Sulfa
		Tetracycline (i.e., Doxycycline, Minocycline)
	List other Health Conditions here:	No Known Health Conditions
		Arthritis (715.9)
		Asthma (493.9)
ONS		Chronic Bronchitis or Emphysema (496)
		Depression (311)
		Diabetes Type I (250.01)
EALTH CONDITI		Diabetes Type II (250.00)
ဗြ		Epilepsy/Seizures (345.9)
ᇉ		● GERD (530.81)
I		Glaucoma (365.9)
崖		High Cholesterol (272.9)
		Hormone Replacement Therapy (627.9)
		Hypertension (401.9)
		Thyroid: Low (244.9)
	List other OTC that you take on a	No Over-the-Counter Medications
OTC	regular basis:	Acetaminophen/Tylenol®
O		Advil®/Aleve®/Motrin®
		Aspirin/Excedrin®
S	List Medical Devices here:	No Medical Devices
宣		Medical Devices (i.e., Glucose Testing Device,
DEVICES		Insulin Pump, Nebulizer) and specify brand
		name and model.
암	List other Prescription Medications here:	No Other Prescriptions
OTHER		Prescription Medications not filled through
		Express Scripts Pharmacy.
CAPS		I want non-child resistant caps for all
S		future orders.

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Moisten and fold this flap to seal return envelope.

WORKERS' COMPENSATION MAIL PHARMACY SERVICE PO BOX 60924 PHOENIX AZ 85072-0924					
Postage Required Required Post Office wil not deliver without proper postage					