

Instructions for Placing Your Order

To Mail This Order:

1. Complete or verify the Patient Information section of the order form.
2. Obtain a written prescription from your doctor. Make sure your doctor writes the prescription for up to a 90-day supply of your medication (or for the maximum days supply allowed by your benefit). The prescription should include refills for up to one year, if appropriate.
3. Write the patient's name, ID number, address and date of birth on the prescription.
4. Mail the order form and written prescription to the address below:

Express Scripts, Inc.
P.O. Box 52123
Phoenix, AZ 85072-2123

To Have Your Doctor Fax This Order:

If you do not have a written prescription in hand, you can bring this order form to your doctor. Your doctor can then fax both your new prescription and your order.

Please note that your order **must** be faxed from your **doctor's office**. Faxes sent from other locations (such as your home or workplace) cannot be accepted.

To have your doctor fax your order:

1. Complete or verify the Patient Information section of the order form.
2. Ask your doctor to fax both your new prescription and your order to:

Express Scripts, Inc.
1-800-396-2171

Note: We cannot accept prescriptions for Schedule II controlled substances by fax. All prescriptions for these medications must be mailed.

Ordering Refills Is Quick and Easy

Return to www.express-scripts.com in two months to order your refill.

Div Code: AM2 Type: New

PRESCRIPTION ORDER FORM

PRESCRIBER CAN FAX TO: 1-800-396-2171

Mail or Fax Prescription

(Do not attach your prescription to this form.)

MAIL TO:

Express Scripts, Inc.
Po Box 52123
Phoenix, AZ 85072-2123

Fax to:

Express Scripts, Inc.
1-800-396-2171

Fax must be sent from doctor's office

We cannot accept Schedule II Controlled Substances by fax. All prescriptions for these medications must be mailed.