



## 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. Attach your written prescription to the form as indicated.
5. Mail the order form and written prescription to the address below:  
Express Scripts, Inc.  
P.O. Box 8545  
Bensalem, PA 19020-9381

### 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 attach your new prescription and fax 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 attach your new prescription as indicated. Your doctor can then fax your order to:  
Express Scripts, Inc.  
1-800-636-9494

**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](http://www.express-scripts.com) in two months to order your refill.

Div Code: **KYU**

Type: **New**



## PRESCRIPTION ORDER FORM

**Fax to: 1-800-636-9494**

Patient Information	
Member ID _____	Allergies _____
Patient Name _____	_____
Address _____	_____
_____	Medical Conditions _____
_____	_____
Phone _____	_____
E-Mail _____	Other _____
Date of Birth _____	_____
Handling Instrs _____	_____

## Attach Prescription Here

**Mail to:**  
Express Scripts, Inc.  
P.O. Box 8545  
Bensalem, PA 19020-9381

**Fax to:**  
Express Scripts, Inc.  
1-800-636-9494  
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.

**For Prescriptions Written in the State of New York:** New York state law prohibits the faxing of prescriptions for controlled substances or syringes. To receive these items, you must mail a new written prescription to Express Scripts for each order.

To provide you with costs savings, we will dispense FDA-approved generic medications when allowed by your physician, subject to terms outlined in your plan. **IMPORTANT CONFIDENTIALITY NOTICE:** This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.