

Mail this form to:

CVS CAREMARK
PO BOX 94467
PALATINE, IL 60094-4467

Enter ID # below if not shown or if different from above

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prescription Plan Sponsor or Company Name

Please use **blue or black ink, capital letters**, and fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form.

Number of **New** prescriptions:

Refills - Order by Web, phone, or write in Rx number(s) below.

Number of **Refill** prescriptions:

FOR FASTEST SERVICE, order refills at www.caremark.com or call the number on your prescription benefit identification card.

A Shipping Address. To ship to an address different from the one printed above, please make changes here.

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--	--	--

Suffix (JR, SR)

--	--	--	--	--	--

Street Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Apt./Suite #

--	--	--	--	--	--

**Use this address
for this order only.**

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--	--

ZIP Code

--	--	--	--	--	--	--	--	--	--

Daytime Phone #: - -

Evening Phone #: - -

B Refills. To order mail service refills, enter your prescription number(s) here.

1) _____ 2) _____ 3) _____ 4) _____

5) _____ 6) _____ 7) _____ 8) _____

We may package all of these prescriptions together unless you tell us not to.

©2010 Caremark. All rights reserved. P13-N



C

T

[illegible]

Doctor's Last Name	Doctor's First Name	Doctor's Phone #
--------------------	---------------------	------------------

Tell us about **new** allergies or health information for this person. Only tell us about **new** information.

Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
☐ Sulfa ☐ Other: _____

Health Information: ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid Reflux ☐ Glaucoma ☐ Heart Problem
☐ High Blood Pressure ☐ High Cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate Issues ☐ Thyroid
☐ Other:

T

Last Name First Name MI Suffix (JR,SR)

NICKNAME Gender: ☐ M ☐ F Date of Birth: MM-DD-YYYY - -

Your E-Mail: _____ Date new prescription written: _____

Doctor's Last Name	Doctor's First Name	Doctor's Phone #
--------------------	---------------------	------------------

Tell us about **new** allergies or health information for this person. Only tell us about **new** information.

Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
☐ Sulfa ☐ Other: _____

Health Information: ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid Reflux ☐ Glaucoma ☐ Heart Problem
☐ High Blood Pressure ☐ High Cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate Issues ☐ Thyroid
☐ Other:

D

E

- ☐ **Electronic Check.** Pay from your bank account. First time users register online or call Customer Care.
- ☐ **Bill Me Later®.** Works like a credit card. First time users register online or call Customer Care.
- ☐ **Credit or Debit Card.** (VISA®, MasterCard®, Discover®, or American Express®)
 - ☐ Fill in this oval to use your card on file.
 - ☐ Fill in this oval to use a new card or to update your card expiration date.

															Exp.Date				
															MYY				

- ☐ **Check or Money Order.** Amount: \$.
- Make check or money order out to CVS Caremark.
 - Write your prescription benefit ID number on your check or money order.
 - If your check is returned, we will charge you up to \$40.

Payment for Balance Due and Future Orders: If you chose Electronic Check, Bill Me Later®, or a Credit or Debit Card, we will also use it to pay for any balance that you owe and for future orders.

- ☐ Fill in this oval if you **DO NOT** want to use this payment method for future orders.

MOF WEB 0210 MTP FILLABLE

Credit Card Holder Signature/Date

Regular delivery is free and will take 7 to 10 days from the day you send this form.

If you want faster delivery, choose:

- ☐ **2nd Business Day (\$17)** Business days
are only
☐ **Next Business Day (\$23)** Monday-Friday

- Faster delivery charges may change.
- Faster delivery is for shipping time, not processing time.
- Faster delivery can only be sent to a street address, not a PO box.

