

		Mail this for	m to:	
Enter ID # belov	v if not shown or if different	from above		
Prescription Pla	n Sponsor or Company N	vame		
Please use blu	e or black ink, capital le	tters, and fill in both side	<b>s</b> of this form.	
New Prescript	i <b>ons -</b> Mail your new pres	criptions with this form.	Number of <b>New</b> pre	scriptions:
Refills - Order I	by Web, phone, or write in	Rx number(s) below.	Number of <b>Refill</b> pre	scriptions:
A Shipping Ac	Idress. To ship to an add	ress different from the one	printed above, please ma	ake changes here
Last Name		First Nam	e MI	Suffix (JR, SR)
Street Name		A	pt./Suite #	is address
			for this	s order only.
City		S	tate ZIP Code	
Daytime Phone		Evening Pr	ione #:	
B Refills. To o	rder mail service refills, er	nter your prescription num	ber(s) here.	
1)	2)	3)	4)	
		,		
5)	6)	7)	8)	

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

**C** Tell us about the people getting prescriptions. If there are more than two people, please complete another form.

Ist person with a refill or new prescription. This person needs:	Easy open caps () Spanish forms and labels
	NAME M Suffix (JR,SR)
NICKNAME Gender: () M () F Date of Birt	
	te new prescription written:
Doctor's Last Name Doctor's First Name	Doctor's Phone #
Tell us about new allergies or health information for this perso         Allergies:       None       Aspirin       Cephalosporin       Codeine         Sulfa       Other:	n. Only tell us about <b>new</b> information. O Erythromycin O Peanuts O Penicillin
Health Information: () Arthritis () Asthma () Diabetes () Acid () High Blood Pressure () High Cholesterol () Migraine () ( () Other:	
<b>2nd person</b> with a refill or new prescription. This person needs:(	Easy open caps () Spanish forms and labels
NICKNAME       Gender: () M () F Date of Birt         Your E-Mail:       Date	h: MM - D D - Y Y Y Y
Your E-Mail: Dat	te new prescription written:
Doctor's Last Name Doctor's First Name	
Doctor's Last NameDoctor's First NameTell us about <b>new</b> allergies or health information for this perso	Doctor's Phone #
<ul> <li>Sulfa</li> <li>Other:</li></ul>	RefluxO GlaucomaHeart ProblemOsteoporosisProstate IssuesThyroid
D Special Instructions:	
E How would you like to pay for this order? Fill in the oval to cho	oose a payment.
O Electronic Check. Pay from your bank account. First time use	ers register online or call Customer Care.
- O Bill Me Later <sup>®</sup> . Works like a credit card. First time users regist	ter online or call Customer Care.
Credit or Debit Card. (VISA <sup>®</sup> , MasterCard <sup>®</sup> , Discover <sup>®</sup> , or Am	
() Fill in this oval to use your card on file.	encan Express )
• Fill in this evel to use a new cord or to undeto your cord over	instian data
() Fill in this oval to use a new card or to update your card exp	
<ul> <li>Credit or Debit Card. (VISA®, MasterCard®, Discover®, or Am</li> <li>Fill in this oval to use your card on file.</li> <li>Fill in this oval to use a new card or to update your card expl</li> <li>CARD NUMBER</li> <li>Check or Money Order, Amount: \$</li> </ul>	Cradit Card Holder Signature/Date
O Check or Money Order. Amount: \$	Credit Card Holder Signature/Date
Make check or money order out to CVS Caremark.	<b>Regular delivery is free</b> and will take 7 to 10 days from the day you send this form.
<ul> <li>Write your prescription benefit ID number on your check or money order.</li> </ul>	If you want faster delivery, choose:
<ul> <li>If your check is returned, we will charge you up to \$40.</li> </ul>	O 2nd Business Day (\$17) Business days are only
Payment for Balance Due and Future Orders: If you chose	<ul> <li>Next Business Day (\$23) Monday-Friday</li> <li>Faster delivery charges may change.</li> </ul>
Electronic Check, Bill Me Later <sup>®</sup> , or a Credit or Debit Card, we will also use it to pay for any balance that you owe and for future orders.	<ul> <li>Faster delivery charges may change.</li> <li>Faster delivery is for shipping time, not processing time</li> <li>Faster delivery can only be sent to a street address, not a PO box.</li> </ul>
<ul> <li>Fill in this oval if you <b>DO NOT</b> want to use this payment method for future orders.</li> </ul>	
49-MOF 0210	