

Express Scripts Pharmacy Prescription Order Form

To order online: sign in at www.StartHomeDelivery.com and follow the prompts.

To order by mail: complete this form and ask your doctor to write your prescription for a 90-day supply or the maximum days allowed by your plan.

- Use ALL CAPITAL LETTERS in BLACK INK. Fill in the ovals as shown (●).
- Remember to mail your prescription with this completed form. Your medication will arrive within two weeks from the date we receive your first order.

NOTE: Standard shipping is FREE for online and mail orders.



1041

ID Card Number

First Name

MI

Date of Birth (MM/DD/YYYY)

Last Name

Gender ☐ M ☐ F

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

Shipping Address 1

Shipping Address 2

City

State

Zip Code

Check here for rush shipment. Your order, once received and filled, will be shipped overnight for \$21.

Email

Please select one as your preferred telephone number

☐ Daytime Phone

☐ Evening Phone

☐ Cell Phone

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

First Name

MI

Date of Birth (MM/DD/YYYY)

Last Name

Gender ☐ M ☐ F

Email

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

All individuals included in the family will be charged to this credit card.

☐ Apply to this order only

☐ Apply to all orders

Amount Enclosed

☐ Check Card

☐ Credit Card

☐ Check / Money Order

\$

Card #

Exp. Date (MM/YY)

Sign here to authorize card payment ☒

Detach Here

For all orders after 08/01/2011, use this form. Fold and tear off this piece before putting in the return envelope.

Detach Here

Postage
Required
Post Office will
not deliver
without proper
postage



EXPRESS SCRIPTS®

HOME DELIVERY SERVICE

PO BOX 66567

ST LOUIS MO 63166-6567



