

MAIL SERVICE ORDER FORM

		IIII. CVS C PO BC	rder form to: II.I.IIII.I.I.I.I.I.I.I.I AREMARK X 659541 NTONIO, TX 78265-9541	II.IIIIII.II SAT STD
Enter ID# if no	ot shown or different from	n above		
Prescription Pla	an Sponsor or Company I	Name		
DIRECTIONS: both sides of f	Print in BLUE or BLACK in	nk, using CAPITAL letters	. Fill in ovals complete	ly (●). Complete
	orm. • prescriptions: Mail you	r prescription(s) with this	form # of new pre	scriptions [.]
To order refil	Is: Order by Web, phone, SERVICE, order refills at	or write in Rx number(s) below. # of refill pre	scriptions:
SHIPPING AD	DRESS IF NOT SHOWN	OR DIFFERENT FROM	ABOVE:	
Last Name	5	First Name	nt /Suite#	Suffix (JR, SR)
				is address s order only.
City		S	ZIP Code	
Daytime Phon	e #:	Evening Ph	one #:	-
REFILL INFOR	MATION:			
To order mai	l service refills, enter y	your prescription nun	nber(s) here:	
1)	2)	3)	4)	
5)	6)	7)		



	FILL IN FOR UP TO TWO PEOPLE WHO WILL RECEIVE PRESCRIPTIONS WITH THIS ORDER
	1st PERSON ORDERING A PRESCRIPTION
✓ Please told here	Your E-mail: Date new prescription written: Doctor's Last Name Doctor's First Name Doctor's Phone # Allergies: O None O Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin Sulfa O Other:
	Last Name First Name MI Suffix NICKNAME Gender: OM OF Date of Birth:
	Doctor's Last Name Doctor's First Name Doctor's Phone # ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED Allergies: O None O Aspirin O Cephalosporin Codeine Erythromycin Peanuts Penicillin O Sulfa O Other:
. 	PAYMENT INFORMATION: Select one payment method below. () Electronic Check Processing (Please pre-register at Caremark.com or call Customer Care) () Bill Me Later [®] (Subject to credit approval. Please pre-register at Caremark.com or call Customer Care)
	 () Credit/Debit Card (VISA, MasterCard, Discover or American Express) () Charge most recently used credit card () Charge new/updated credit/debit card (provide info below)
