MAIL SERVICE
ORDER FORM

Mail order form to:

|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|
|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|..|

CVS CAREMARK
PO BOX 659541
SAN ANTONIO, TX 78265-9541

Enter ID# if not shown or different from above

Prescription Plan Sponsor or Company Name

**DIRECTIONS:** Print in **BLUE** or **BLACK** ink, using **CAPITAL** letters. Fill in ovals completely (☐). Complete both sides of form.

**To order new prescriptions:** Mail your prescription(s) with this form.  **# of new prescriptions:**

**To order refills:** Order by Web, phone, or write in Rx number(s) below. **# of refill prescriptions:**

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

**SHIPPING ADDRESS IF NOT SHOWN OR DIFFERENT FROM ABOVE:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Suffix (JR, SR)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apt./Suite#</th>
<th>Use this address for this order only.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Daytime Phone #</th>
<th>Evening Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REFILL INFORMATION:**

To order mail service refills, enter your prescription number(s) here:

1) ___________ 2) ___________ 3) ___________ 4) ___________

5) ___________ 6) ___________ 7) ___________ 8) ___________

Prescriptions sent in one envelope may be shipped together unless you request otherwise.
**1st PERSON ORDERING A PRESCRIPTION**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Suffix</th>
<th>Date of Birth: MM-DD-YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ALLERGY/HEALTH INFORMATION:**

- **Allergies:**
  - None
  - Aspirin
  - Cephalosporin
  - Codeine
  - Erythromycin
  - Peanuts
  - Penicillin
  - Sulfas
  - Other: 
- **Conditions:**
  - Arthritis
  - Asthma
  - Diabetes
  - Acid Reflux
  - Glaucoma
  - Heart Problem
  - High Blood Pressure
  - High Cholesterol
  - Migraine
  - Osteoporosis
  - Prostate Issues
  - Thyroid
  - Other: 

**2nd PERSON ORDERING A PRESCRIPTION**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Suffix</th>
<th>Date of Birth: MM-DD-YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ALLERGY/HEALTH INFORMATION:**

- **Allergies:**
  - None
  - Aspirin
  - Cephalosporin
  - Codeine
  - Erythromycin
  - Peanuts
  - Penicillin
  - Sulfas
  - Other: 
- **Conditions:**
  - Arthritis
  - Asthma
  - Diabetes
  - Acid Reflux
  - Glaucoma
  - Heart Problem
  - High Blood Pressure
  - High Cholesterol
  - Migraine
  - Osteoporosis
  - Prostate Issues
  - Thyroid
  - Other: 

**PAYMENT INFORMATION:**

- 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)
- Check/Money Order: Amount $__________

Make check or money order payable to CVS Caremark and write your ID# on the check/money order. Returned checks will be subject to a fee of up to $40, depending on state law.

The selected payment method (unless paying by check) will be charged for future orders, unless a different form of payment is provided. It will also be charged for any outstanding balance due.

- Fill in oval if you DO NOT want the selected payment method to be automatically charged for future orders.

**REGULAR DELIVERY IS FREE**
(Allow up to 10 days for delivery)

**Fill in oval for faster delivery:**
- 2nd Business Day $17 per order
- Next Business Day $23 per order
(Charges subject to change)

Faster delivery options only affect shipping time, not processing time and can only be sent to a street address, not a P.O. box.