

EXPRESS SCRIPTS®

PRESCRIPTION ORDER FORM

PRESCRIBER CAN FAX TO: 1-800-613-5628

Patient Information	
Member ID _____	Allergies
Patient Name _____	
Address	Medical Conditions
Phone	
E-Mail	Other,
Date of Birth	
Handling Instrs	

Mail or Fax Prescription
(Do not attach your prescription to this form.)

Mail to:
Express Scripts, Inc.
P.O. Box 52119 Phoenix, AZ 85072-2119

Fax to:
Express Scripts, Inc.
1-800-613-5628
Fax must be sent from doctor's office.

We cannot accept Schedule II Controlled Substances by fax. All prescriptions for these medications must be mailed.

For Prescriptions Written In the State of New York: New York state law prohibits the faxing of prescriptions for controlled substances or syringes. To receive these items, you must mail a new written prescription to Express Scripts for each order.

To provide you with costs savings, we will dispense FDA-approved generic medications when allowed by your physician, subject to terms outlined in your plan.

IMPORTANT CONFIDENTIALITY NOTICE: This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.