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Exb. Date (MM/Y

Amount Enclosed

will arrive within two weeks from the date we receive your first order.

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

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— Check / Money Order

Apply to all orders

PAYMENT

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Sign here to authorize card payment 🗴

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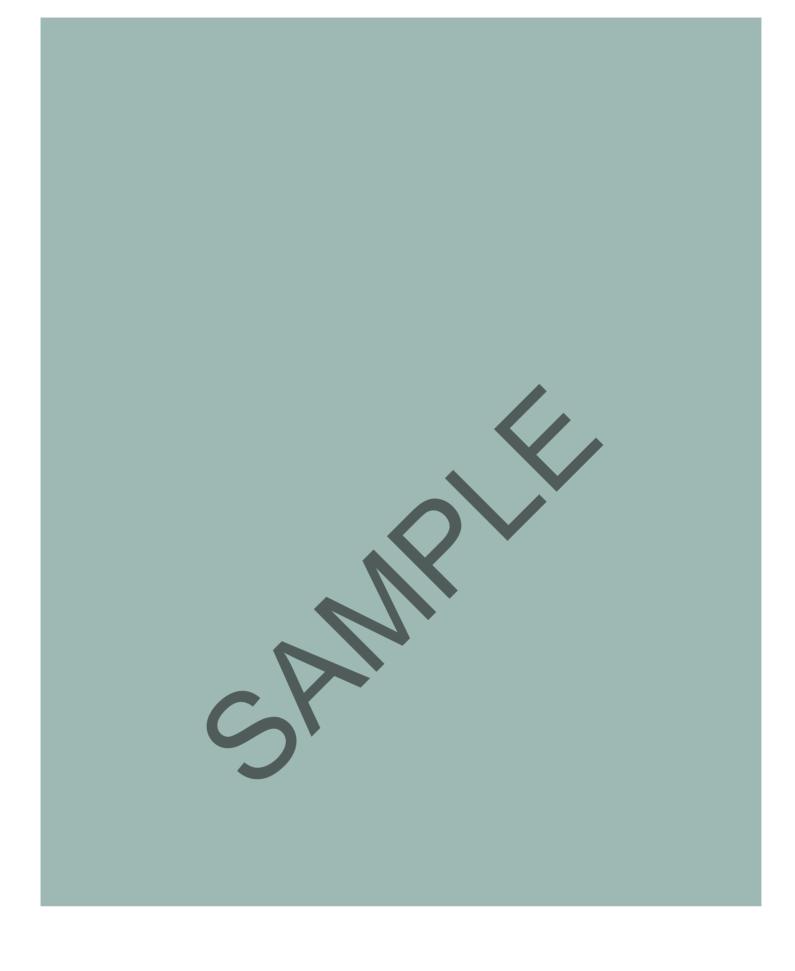
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doctor/prescriber.

name, date of birth, allergies and health conditions along with the name and phone number of their More than two family members on your plan? On a separate sheet of paper, write the family member(s)

Signature Required X

health plan for the purpose of payment, treatment or health care operations. to release all information on this form concerning prescription orders to my plan sponsor, administrator or outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms

through Express Scripts Pharmacy. Prescription Medications not filled tions here: tions here: List other Prescription Medica-List other Prescription Medica-No Other Prescriptions **DEVICES** specify brand name and model. Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Mebulizer) and No Medical Devices List Medical Devices here: List Medical Devices here: ®nirib9cx=\niriqeA ®nintoM\®9v9lA\®livbA on a regular basis: Acetaminophen/Tylenol® on a regular basis: List other OTC that you take No Over-the-Counter Medications List other OTC that you take Thyroid: Low (244.9) (40.10) noiznetheqyH HEALTH CONDITIO Hormone Replacement Therapy (627.9) High Cholesterol (272.9) Glaucoma (365.9) Diabetes Type I (260.01)
Diabetes Type II (260.00)
Epilepsy/Seizures (345.9)
GERD (530.81) Depression (311) Chronic Bronchitis or Emphysema (496) (9.317) aitindhA (9.894) smdtaA Conditions here: Conditions here: List other Health List other Health No Known Health Conditions Tetracycline (i.e., Doxycycline, Minocycline) DRUG ALLERGIES Penicillin NSAIDs (i.e., Ibuprofen, Naproxen) Oxycodone (i.e., OxyContin®, Percocet®) Erythromycin, Biaxin®, Zithromax® **Oodeine** Cephalosporin (i.e., Keflex®, Cephalexin) niniqeA Amoxicillin Acetaminophen/Tylenol® List other Allergies here: No Known Allergies List other Allergies here: related problems. the pharmacy from detecting drug Date of Birth (MM/DD/YYYY) Date of Birth (MM/DD/YYYY) accurate information may prevent Failure to provide complete and when available. when available. I want non-child resistant caps, I want non-child resistant caps, patient identification. Date of Birth is required for Patient 1 (Cardholder) Patient 2 7045