



Postage  
Required  
Post Office will  
not deliver  
without proper  
postage



EXPRESS SCRIPTS®

HOME DELIVERY SERVICE  
PO BOX 747000  
CINCINNATI OH 45274-7000



SAMPLE

Express Scripts Pharmacy Prescription Order Form

To order online: sign in at [www.StartHomeDelivery.com](http://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  
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Date of Birth (MM/DD/YYYY)  
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Last Name

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

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