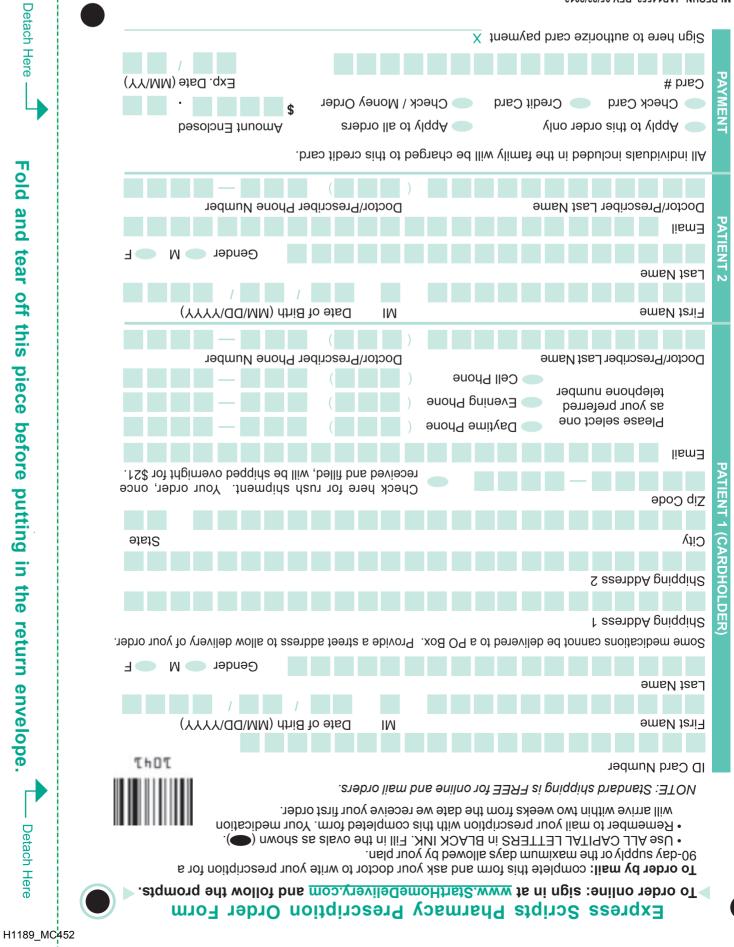
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Moisten and fold this flap to seal return envelope.



tions here:		Prescription Medications not filled through Express Scripts Pharmacy.	tions here:	OTHER
List other Prescription Medica		No Other Prescriptions	List other Prescription Medica-	ا ت
				Ē
		specify brand name and model.		
		Device, Insulin Pump, Nebulizer) and		\leq
		Medical Devices (i.e., Glucose Testing		G
List Medical Devices here:		No Medical Devices	List Medical Devices here:	DEVICES
		Aspirin\Excedrin [®]		
		[®] nintoM\ [®] evelA\ [®] livbA		C
on a regular basis:		Acetaminophen/Tylenol®	on a regular basis:	I C
List other OTC that you take		No Over-the-Counter Medications	List other OTC that you take	
		Thyroid: Low (244.9)		
		(9.104) hoiznefrendige		
		Hormone Replacement Therapy (627.9)	1	
		High Cholesterol (272.9)	1	EALTH CONDITIONS
		Glaucoma (365.9)		-
		GERD (530.81)		II
		Epilepsy/Seizures (345.9)		2
		Diabetes Type II (250.00)		
		(10.025) I sype I (250.01)		Ē
		Depression (311)		E
		Chronic Bronchitis or Emphysema (496)		Ī
		(9.594) smdteA		Z
Conditions here:		(9.3↑7) aitindhA	Conditions here:	
List other Health		No Known Health Conditions	List other Health	
		Tetracycline (i.e., Doxycycline, Minocycline)		
		Sulfa		E
		Penicillin		DRUG
		Oxycodone (i.e., OxyContin [®] , Percocet [®])	-	
		(nəxorqsu, inəforqudi,ə.i) sQIA2N		
		Erythromycin, Biaxin [®] , Zithromax [®]		ľ
		Codeine	-	
		Cephalosporin (i.e., Keflex®, Cephalexin)	-	١̈́̈́̈́
		niniqaA	-	G
		Amoxicillin	-	ALLERGIES
		No Knowh Allergies Moretaminophen/Tylenol [®]		
List other Allergies here:		No Know Allernies	List other Allergies here:	
		related problems.		
		the pharmacy from detecting drug		
Date of Birth (MM/DD/YYYY)		accurate information may prevent	ate of Birth (MM/DD/YYYY)	D
		Failure to provide complete and		
I want non-child resistant caps, when available.		han stalanna ahirana at amilia 1	 I want non-child resistant caps, when available. 	
area tretaises blida-roor trew l		patient identification.	ages tretsiser blids rog trew L	
:e	MameN	Date of Birth is required for	 :əɯ	вN
Patient 2		2405	Patient 1 (Cardholder)	

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

Signature Required X

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

Please Note: Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.