Please fold here →

Please fold here →



	Mail this form to:
Manakan ID # (if not also up on if different from also up	-  -  -  -  -  -  -  -  -  -  -  -  -
Member ID # (if not shown or if different from above	e) 
Prescription Plan Sponsor or Company Name	
Instructions: Please use blue or black ink and print in capita	al lettere. Fill in beth sides of this form
New Prescriptions - Mail your new prescriptions	
Refills - Order by Web, phone, or write in Rx numl	ber(s) below. Number of <b>Refill</b> prescriptions: refills or new prescriptions online or by phone at the
A Shipping Address. To ship to an address diffe	erent from the one printed above, enter the changes here.
Last Name	First Name MI Suffix (JR, SR)
Street Address	Apt./Suite # Use shipping address for this order only.
City  Daytime Phone #:	State ZIP Code  Evening Phone #:
<b>B</b> Refills. To order mail service refills, enter your	rprescription number(s) here.
1)2)	3)4)
5)_ 6)_	7)8)
substitute equivalent generic medicines for branch	nes at the best possible price. In order to do this, we will d name medicines whenever possible. If you do not want c instructions, including drug names, in the "Special Instruc-

We may package all of these prescriptions together unless you tell us not to.

All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.



First person with a refill or new prescription.	○ Spanish forms and label
Last Name First Name Nickname	Suffix (JR,SR)
Gender: M F Date of birth MM-DD-YYY  E-mail address: Da	te new prescription written:
Doctor's last name Doctor's first name	Doctor's phone #
Tell us about new health information for 1st person if never pro   Allergies: None	ovided or if changed.  ○ Erythromycin ○ Peanuts ○ Penicilli
Medical conditions: () Arthritis () Asthma () Diabetes () Acid () High blood pressure () High cholesterol () Migraine () Other:	Osteoporosis O Prostate issues O Thyroid
Second person with a refill or new prescription.	○ Spanish forms and labe
Last Name  Nickname  Gender: M F Date of birth MM-DD-YYY	Suffix (JR,SR)
E-mail address: Da	te new prescription written:
Doctor's last name Doctor's first name	Doctor's phone #
Tell us about new health information for 2nd person if never properties:  Allergies:  None  Aspirin  Cephalosporin  Codeine	
│	
Medical conditions:       ○ Arthritis       ○ Asthma       ○ Diabetes       ○ Acid         ○ High blood pressure       ○ High cholesterol       ○ Migraine       ○ Graph of the cholesterol	Osteoporosis O Prostate issues O Thyroid
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:	Osteoporosis O Prostate issues O Thyroid
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other: Special instructions:	Osteoporosis O Prostate issues O Thyroid
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:  Special instructions:	Osteoporosis O Prostate issues O Thyroid
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other: Special instructions: How would you like to pay for this order? (If your copay is \$0, your blook account. (You must first	Osteoporosis O Prostate issues O Thyroid
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:  Special instructions:  How would you like to pay for this order? (If your copay is \$0, y) Electronic check. Pay from your bank account. (You must fire Credit or debit card. (VISA®, MasterCard®, Discover®, or Ame	Osteoporosis O Prostate issues O Thyroid
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:  Special instructions:  How would you like to pay for this order? (If your copay is \$0, y) Electronic check. Pay from your bank account. (You must fire Credit or debit card. (VISA®, MasterCard®, Discover®, or Ame Use your card on file.	Osteoporosis O Prostate issues O Thyroid
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:  Special instructions:  How would you like to pay for this order? (If your copay is \$0, y) Electronic check. Pay from your bank account. (You must fire Credit or debit card. (VISA®, MasterCard®, Discover®, or Ame Use your card on file. Use a new card or update your card's expiration date.	Osteoporosis O Prostate issues O Thyroic
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:  Special instructions:  How would you like to pay for this order? (If your copay is \$0, y) Electronic check. Pay from your bank account. (You must first Credit or debit card. (VISA®, MasterCard®, Discover®, or Ame Use your card on file. Use a new card or update your card's expiration date.  Exp.Date MMYY  Credit card number	Osteoporosis O Prostate issues O Thyroic
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:  Special instructions:  How would you like to pay for this order? (If your copay is \$0, y) Electronic check. Pay from your bank account. (You must first Credit or debit card. (VISA®, MasterCard®, Discover®, or Ame Use your card on file. Use a new card or update your card's expiration date.  Exp.Date MMYY Check or money order. Amount: \$  Make check or money order payable to CVS Caremark.	Osteoporosis O Prostate issues O Thyroic  you do not need to provide payment information st register online or call Customer Care.)  erican Express®)  Credit card holder signature/Date  Regular delivery is free and takes up to 5 days after your order is processed.
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:  Special instructions:  How would you like to pay for this order? (If your copay is \$0, y) Electronic check. Pay from your bank account. (You must fire Use your card on file. Use a new card or update your card's expiration date.  Credit card number Credit card number Credit card number Check or money order. Amount: \$	Osteoporosis O Prostate issues O Thyroic  you do not need to provide payment information st register online or call Customer Care.)  erican Express®)  Credit card holder signature/Date  Regular delivery is free and takes up to 5 days after your order is processed. If you want faster delivery, choose:
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:  Special instructions:  How would you like to pay for this order? (If your copay is \$0, y) Electronic check. Pay from your bank account. (You must first Credit or debit card. (VISA®, MasterCard®, Discover®, or Ame Use your card on file. Use a new card or update your card's expiration date.  Exp.Date MMYY Check or money order. Amount: \$  Make check or money order payable to CVS Caremark. Write your prescription benefit ID number on your check or money order.  If your check is returned, we will charge you up to \$40.	Osteoporosis  Prostate issues  Thyroid  you do not need to provide payment information st register online or call Customer Care.)  erican Express®)  Credit card holder signature/Date  Regular delivery is free and takes up to 5 days after your order is processed.  If you want faster delivery, choose:  2nd business day (\$17)  Faster delivery can only be sent to a
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:  Special instructions:  How would you like to pay for this order? (If your copay is \$0, y) Electronic check. Pay from your bank account. (You must first Credit or debit card. (VISA®, MasterCard®, Discover®, or Ame Use your card on file. Use a new card or update your card's expiration date.  Exp.Date MMYY Check or money order. Amount: \$  Make check or money order payable to CVS Caremark. Write your prescription benefit ID number on your check or money order.	Osteoporosis O Prostate issues O Thyroid  you do not need to provide payment information st register online or call Customer Care.)  erican Express®)  Credit card holder signature/Date  Regular delivery is free and takes up to 5 days after your order is processed.  If you want faster delivery, choose: O 2nd business day (\$17)  Faster delivery can only be