

REMINDER: Remove this section before mailing to save these telephone numbers.

Questions about home delivery from the Express Scripts pharmacy? Call Express Scripts Home Delivery Pharmacy at 1-888-565-8361, 24 hours a day, 7 days a week. Hearing-impaired users should call 1-800-221-6915.



1142

It is very important that you fill in this table as shown (●). Complete this form to avoid drug-related problems.

DRUG ALLERGIES	<input type="radio"/> No Known Allergies	List other Allergies here:
	<input type="radio"/> Acetaminophen/Tylenol®	
	<input type="radio"/> Amoxicillin	
	<input type="radio"/> Aspirin	
	<input type="radio"/> Cephalosporin (i.e., Keflex®, Cephalexin)	
	<input type="radio"/> Codeine	
	<input type="radio"/> Erythromycin, Biaxin®, Zithromax®	
	<input type="radio"/> NSAIDs (i.e., Ibuprofen, Naproxen)	
	<input type="radio"/> Oxycodone (i.e., OxyContin®, Percocet®)	
	<input type="radio"/> Penicillin	
	<input type="radio"/> Sulfa	
	<input type="radio"/> Tetracycline (i.e., Doxycycline, Minocycline)	
HEALTH CONDITIONS	<input type="radio"/> No Known Health Conditions	List other Health Conditions here:
	<input type="radio"/> Arthritis (715.9)	
	<input type="radio"/> Asthma (493.9)	
	<input type="radio"/> Chronic Bronchitis or Emphysema (496)	
	<input type="radio"/> Depression (311)	
	<input type="radio"/> Diabetes Type I (250.01)	
	<input type="radio"/> Diabetes Type II (250.00)	
	<input type="radio"/> Epilepsy/Seizures (345.9)	
	<input type="radio"/> GERD (530.81)	
	<input type="radio"/> Glaucoma (365.9)	
	<input type="radio"/> High Cholesterol (272.9)	
	<input type="radio"/> Hormone Replacement Therapy (627.9)	
	<input type="radio"/> Hypertension (401.9)	
	<input type="radio"/> Thyroid: Low (244.9)	
OTC	<input type="radio"/> No Over-the-Counter Medications	List other Over-the-Counter medications that you take on a regular basis:
	<input type="radio"/> Acetaminophen/Tylenol®	
	<input type="radio"/> Advil®/Aleve®/Motrin®	
	<input type="radio"/> Aspirin/Excedrin®	
DEVICES	<input type="radio"/> No Medical Devices	List Medical Devices here:
	Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.	
OTHER	<input type="radio"/> No Other Prescriptions	List other Prescription Medications here:
	Prescription Medications filled through other pharmacies than Express Scripts.	
CAPS	<input type="radio"/> I want non-child resistant caps, when available.	

I understand FDA-approved generic medications will be dispensed when allowed by my doctor, subject to the terms of my plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release the 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

Wet and fold this flap to seal envelope.



EXPRESS SCRIPTS®
HOME DELIVERY SERVICE
PO BOX 66785
SAINT LOUIS MO 63166-6785



Postage
Required
Post Office will
not deliver
without proper
postage

