



EXPRESS SCRIPTS
Charting the Future of Pharmacy

14000 Riverport Drive
Maryland Heights, MO 63043
FAX: 1-800-521-5779

St. Louis Site

MAIL ORDER



CONFIDENTIAL
Prescription Refill/Renewal Request

Please Fax Complete Prescription Information to 1-800-521-5779

To authorize this medication to be filled/renewed please complete the form below and Fax to 1-800-521-5779. *To ensure expedient processing, please complete this form in it's entirety before faxing.*



Physician's Name: _____

Phone #: _____

Fax #: _____

Date: _____

Patient Name: _____ Patient Address: _____

City: _____ State: _____ Zip: _____ Patient Phone: _____

Plan Member ID: _____ Date of Birth: _____

*Most Insurance Plans will allow a 90 Day Supply

***** PLEASE FILL IN ALL RX INFORMATION BELOW & SIGN FORM*******

Medication Name: _____ Strength: _____

Directions: _____ Quantity: _____ **** FOR 90 DAY SUPPLY****

of Refills: _____ Physician DEA: _____

Substitution Permissible - Prescriber Signature

Dispense as Written - Prescriber Signature



IMPORTANT CONFIDENTIALITY NOTICE

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Prescription Refill/ Renewal Request Form Rev: 09/19/02

DRUG HISTORY WAS: _____