

FILL IN FOR UP TO TWO PEOPLE WHO WILL RECEIVE PRESCRIPTIONS WITH THIS ORDER

1st PERSON ORDERING A PRESCRIPTION

Easy open caps Print in Spanish

LAST NAME

FIRST NAME

M Suffix (JR,SR)

NICKNAME

Gender: M F

Date of Birth: MM-DD-YYYY

Your E-mail: _____

Date new prescription written: _____

Doctor's Last Name

Doctor's First Name

Doctor's Phone #

ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfa Other: _____

Conditions: Arthritis Asthma Diabetes Acid Reflux Glaucoma Heart Problem
 High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Issues Thyroid
 Other: _____

2nd PERSON ORDERING A PRESCRIPTION

Easy open caps Print in Spanish

LAST NAME

FIRST NAME

M Suffix (JR,SR)

NICKNAME

Gender: M F

Date of Birth: MM-DD-YYYY

Your E-mail: _____

Date new prescription written: _____

Doctor's Last Name

Doctor's First Name

Doctor's Phone #

ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfa Other: _____

Conditions: Arthritis Asthma Diabetes Acid Reflux Glaucoma Heart Problem
 High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Issues Thyroid
 Other: _____

Special Instructions: _____

PAYMENT INFORMATION: Select one payment method below.

- Electronic Check Processing (Please pre-register online or call 1-877-683-6837)
- Bill Me Later® (Subject to credit approval. Please pre-register online or call 1-877-683-6837)
- Credit/Debit Card (VISA, MasterCard, Discover or American Express)
 - Charge most recently used credit card**
 - Charge new/updated credit/debit card (provide info below)**

CREDIT CARD#

Exp. Date MMYY

Check/Money Order: Amount \$

Credit Card Holder Signature/Date

Make check or money order payable to CVS Caremark and write your ID# on the check/money order. Returned checks will be subject to a fee of up to \$40, depending on state law.

The selected payment method (unless paying by check) will be charged for future orders, unless a different form of payment is provided. It will also be charged for any outstanding balance due.

- Fill in oval if you DO NOT want the selected payment method to be automatically charged for future orders.

REGULAR DELIVERY IS FREE
(Allow up to 10 days for delivery)
Fill in oval for faster delivery:

- 2nd Business Day \$17 per order
- Next Business Day \$23 per order
(Charges subject to change)

Faster delivery options only affect shipping time, not processing time and can only be sent to a street address, not a P.O. box.



Please fold here

Please fold here

Please fold here

Please fold here