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SAMPLE

Express Scripts Pharmacy Prescription Order Form
 To order online: sign in at www.StarHomeDelivery.com and follow the prompts.

NOTE: Standard shipping is FREE for online and mail orders.
 • Remember to mail your prescription with this completed form. Your medication will arrive within two weeks from the date we receive your first order.
 • Use ALL CAPITAL LETTERS in BLACK INK. Fill in the ovals as shown (●).
 • 90-day supply or the maximum days allowed by your plan.

To order by mail: complete this form and ask your doctor to write your prescription for a 90-day supply or the maximum days allowed by your plan.

ID Card Number [Grid] 1041

PATIENT 1 (CARDHOLDER)
 First Name [Grid] MI [Grid] Date of Birth (MM/DD/YYYY) [Grid]
 Last Name [Grid] Gender M F
 Shipping Address 1 [Grid]
 Shipping Address 2 [Grid]
 City [Grid] State [Grid] Zip Code [Grid]
 Email [Grid]
 Please select one as your preferred telephone number:
 Daytime Phone [Grid]
 Evening Phone [Grid]
 Cell Phone [Grid]
 Doctor/Prescriber Last Name [Grid]
 Doctor/Prescriber Phone Number [Grid]
 Check here for rush shipment. Your order, once received and filled, will be shipped overnight for \$21.

PATIENT 2
 First Name [Grid] MI [Grid] Date of Birth (MM/DD/YYYY) [Grid]
 Last Name [Grid] Gender M F
 Doctor/Prescriber Last Name [Grid]
 Doctor/Prescriber Phone Number [Grid]

PAYMENT
 All individuals included in the family will be charged to this credit card.
 Apply to this order only
 Check Card Credit Card Check / Money Order
 Amount Enclosed \$ [Grid]
 Card # [Grid] Exp. Date (MM/YY) [Grid]
 Sign here to authorize card payment X [Grid]

1041

Detach Here →

→ Detach Here

Fold and tear off this piece before putting in the return envelope.

