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	Mail this form to:	
Member ID # (if not shown or if different from above)	I	PA 15230-2110
Prescription Plan Sponsor or Company Name	-	
Instructions:	-44 Eillie I. 41	-f.W-:- f
Please use blue or black ink and print in capital I New Prescriptions - Mail your new prescriptions w		of this form. The of New prescriptions:
Refills - Order by Web, phone, or write in Rx number TO RECEIVE YOUR ORDER SOONER request ref	()	ber of Refill prescriptions:
or call toll-free 1-855-271-6603.		
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CVS/caremark wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the

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.

"Special Instructions" section of this form.

First person with a refill or new prescription.	Et al M	O Spanish forms and labels
Last Name	First Name	Suffix (JR,SR)
NICKNAME Gender: () M () F	Date of Birth:	
E-Mail Address:		w prescription written:
Doctor's Last Name Doctor's F	irst Name	Doctor's Phone #
Tell us about new health information for 1st per Allergies: None Aspirin Cephalospor Sulfa Other:	•	d or if changed. Erythromycin
Medical Conditions: Arthritis Asthma Dia High Blood Pressure High Cholesterol Other:	Migraine Osteo	porosis O Prostate Issues O Thyroid
Second person with a refill or new prescription.		○ Spanish forms and labels
Last Name	First Name	Suffix (JR,SR)
NICKNAME Gender: () M () F	Date of Birth:	
E Maria A Li	==	w prescription written:
Doctor's Last Name Doctor's F	First Name	Doctor's Phone #
Tell us about new health information for 2nd pe		
O Sulfa Other:		Erythromycin O Peanuts O Penicillin
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