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lame MI Suffix (JR, SR)
Apt./Suite # Use shipping address for this order only.
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on the back of this form. Please visit your retail pharmacy if you need your prescription right away.

We want 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 "Special Instructions" section of this form.

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.



Last Name First Name	○ Spanish forms and labe  Suffix
Nickname Date of bir	(JR,SR)
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Doctor's last name Doctor's first name	Doctor's phone #
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Medical conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Aci ○ High blood pressure ○ High cholesterol ○ Migraine ○ Other:	
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Last Name  Nickname  Gender: M F Date of bir MM-DD-YY	th: January Suffix (JR,SR)
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