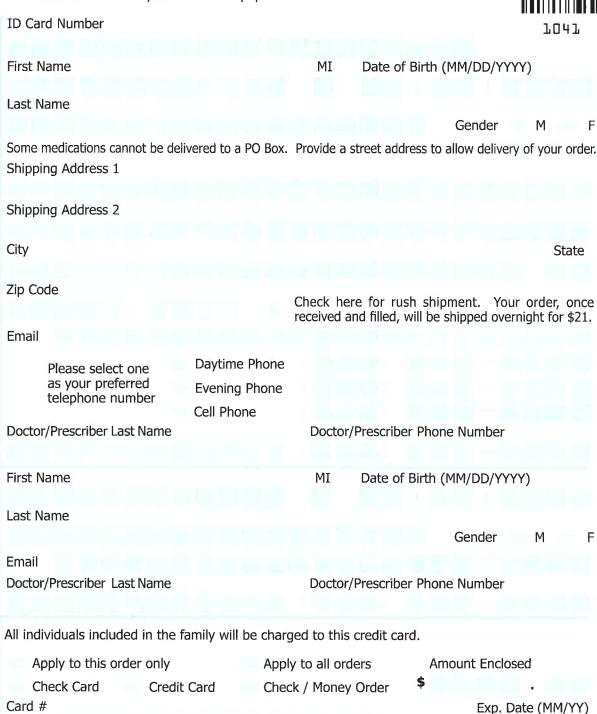
Express Scripts New Patient Home Delivery Form

- **1.** Ask your doctor to write your prescription quantity for a 90-day supply.
- 2. Use ALL CAPITAL LETTERS in BLACK INK. Fill in the ovals as shown ().
- 3. To avoid delays, please include this completed form with your first order. Standard shipping is FREE and should arrive within 14 days from the date we receive your order. Fill in this oval if you have more than two family members. Write their name, date of birth, gender, allergy and health conditions along with doctor information on a separate sheet of paper.



Sign here to authorize card payment X



Patient 2 Patient 1 (Cardholder) Date of Birth is required for Name: Name: patient identification. I want non-child resistant caps, I want non-child resistant caps, when available. when available. Failure to provide complete and accurate information may prevent Date of Birth (MM/DD/YYYY) Date of Birth (MM/DD/YYYY) the pharmacy from detecting drug related problems. List other Allergies here: **No Known Allergies** List other Allergies here: Acetaminophen/Tylenol® Amoxicillin Aspirin Cephalosporin (i.e., Keflex®, Cephalexin) Codeine Erythromycin, Biaxin®, Zithromax® NSAIDs (i.e., Ibuprofen, Naproxen) Oxycodone (i.e., OxyContin®, Percocet®) Penicillin Sulfa Tetracycline (i.e., Doxycycline, Minocycline) **No Known Health Conditions** List other Health List other Health Arthritis (715.9) Conditions here: Conditions here: Asthma (493.9) Chronic Bronchitis or Emphysema (496) Depression (311) Diabetes Type I (250.01) Diabetes Type II (250.00) Epilepsy/Seizures (345.9) GERD (530.81) Glaucoma (365.9) High Cholesterol (272.9) Hormone Replacement Therapy (627.9) Hypertension (401.9) Thyroid: Low (244.9) **No Over-the-Counter Medications** List other OTC that you take List other OTC that you take Acetaminophen/Tylenol® on a regular basis: on a regular basis: Advil®/Aleve®/Motrin® Aspirin/Excedrin® **List Medical Devices here:** No Medical Devices List Medical Devices here: Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model. List other Prescription Medi-**No Other Prescriptions** List other Prescription Medications here: cations here: Prescription Medications not filled

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

through Express Scripts Pharmacy.

Signature Required X

ILRIMGPTM	JAB14316	REV 10/15/2012

ANCHOR/PMD

UPMC HEALTH PLAN



Postage Required Post Office will not deliver without proper postage



EXPRESS SCRIPTS®

EXPRESS SCRIPTS, INC. PO BOX 66567 ST. LOUIS, MO 63166-6567