CVS	Mail Serv	/ice
CAREMARK	Order Fo	rm

	Mail this form to:			
Enter ID # below if not shown or if different from above Prescription Plan Sponsor or Company Name	I.IIIIIII.I.I.I.I.II.II.II.II.I			
Please use blue or black ink, capital letters, and fill in both sides of this form.				
New Prescriptions - Mail your new prescriptions with this form. Refills - Order by Web, phone, or write in Rx number(s) below. Number of New prescriptions: Number of Refill prescriptions: FOR FASTEST SERVICE order refills at www.caremark.com or call the number on your prescription benefit identification card.				
A Shipping Address. To ship to an address different from the one printed above, please make changes here.				
Last Name Street Name	First Name MI Suffix (JR, SR) Apt./Suite # Use this address for this order only.			
City Daytime Phone #:	State ZIP Code Evening Phone #:			
B Refills. To order mail service refills, enter your prescription number(s) here.				
1)2)	3)4)			
5)6)	7)8)			

We may package all of these prescriptions together unless you tell us not to.



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