

PM 20711
JOHN Q SAMPLE
2215 SANDERS RD
NBT 2215-5
NORTHBROOK, IL 60062

123456789
 Member ID # (if not shown or if different from above)

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Prescription Plan Sponsor or Company Name

Mail this form to:


 CVS Caremark
 PO BOX 94467
 PALATINE, IL 60094-4467

Please fold here →

Please fold here →

Instructions:

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.

Number of **New** prescriptions:

Refills - Order by Web, phone, or write in Rx number(s) below.

Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER, request refills or new prescriptions online at www.caremark.com or call toll-free 1-888-766-8504.

A Shipping Address. To ship to an address different from the one printed above, please make changes here.

Last Name	First Name	MI	Suffix (JR, SR)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Apt./Suite #	<input type="radio"/> Use this address for this order only.	
<input type="text"/>	<input type="text"/>		
City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	
Daytime Phone #: <input type="text"/> - <input type="text"/> - <input type="text"/>	Evening Phone #: <input type="text"/> - <input type="text"/> - <input type="text"/>		

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B Refills. To order mail service refills, enter your prescription number(s) here.

1) _____ 2) _____ 3) _____ 4) _____
 5) _____ 6) _____ 7) _____ 8) _____

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 "Special Instructions" section of this form.



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



