Detach Here

MLP-WLPMSN (WLPMAILER) REV 10/05/2010

Express Scripts New Patient Home Delivery Form

- Lave your doctor write your prescription for the maximum day supply allowed by your benefit.
 Use ALL CAPITAL LETTERS in BLACK INK. Fill in the ovals as shown ().
- 3. Please send this form with the first order. Standard shipping is FREE. The order should
- date of birth, gender, allergy and health conditions along with doctor Fill in this oval if you have more than two family members. Write their name, arrive in 2 weeks.

information on a separate sheet of paper.

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Signature Required X

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.

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