



MAIL SERVICE ORDER FORM

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Mail order form to:


CVS CAREMARK SAT WB STD
PO BOX 659541
SAN ANTONIO, TX 78265-9541

Enter ID# if not shown or different from above

Prescription Plan Sponsor or Company Name

DIRECTIONS: Print in **BLUE** or **BLACK** ink, using CAPITAL letters. Fill in ovals completely (●). Complete both sides of form.

To order new prescriptions: Mail your prescription(s) with this form. # of new prescriptions:

To order refills: Order by Web, phone, or write in Rx number(s) below. # of refill prescriptions:

FOR FASTEST SERVICE, order refills at www.caremark.com or call the number on your prescription benefit identification card.

SHIPPING ADDRESS IF NOT SHOWN OR DIFFERENT FROM ABOVE:

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

To order mail service refills, enter your prescription number(s) here:

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

* WEB *

* WEB *

Prescriptions sent in one envelope may be shipped together unless you request otherwise.



