

● Please fold here →

Please fold here -

	Mail this form to:	
Enter ID # below if not shown or if different from above Prescription Plan Sponsor or Company Name	I.IIIIIIII.II.II.II.IIIIIIIIII	
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: FOR FASTEST SERVICE, order refills at www.caremark.com or call the number on your		
A Shipping Address. To ship to an address different Last Name Street Name City	First Name Apt./Suite # State State MI Suffix (JR, SR) Use this address for this order only.	
Daytime Phone #:	Evening Phone #:	
B Refills. To order mail service refills, enter your prescription number(s) here.		
1)2)	3)4)	
5)6)	7)8)	





MTP-MOF-2011