

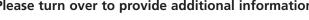
MAIL SERVICE

DRUG DISCOUNT PROGRAM

	Mail order form to:
Enter ID # below if not shown or if different from above	IIIII.I.IIII.II.II.II.IIIIIIII
Use this form to order NEW and/or REFILL mail service prescriptions. Please print in BLUE or BLACK INK using CAPITAL letters only. FOR FASTEST SERVICE: Order refills at www.caremark.com or call the number on your prescription card.	
Address Change/Shipping Information (Complete ONLY IF DIFFERENT or not shown above) Last Name First Name MI Suffix (JR, SR) Street Address Apt./Suite# Use this address for this order only. City State Zip Code Daytime Phone#:	
Apply Caremark Refill Label here or write prescription number above	Apply Caremark Refill Label here or write prescription number above
Apply Caremark Refill Label here or write prescription number above	Apply Caremark Refill Label here or write prescription number above

Unless otherwise directed, all prescriptions received on a single order form or in a single envelope may be shipped together in one package.

Please turn over to provide additional information.







This is a discount program and not an insurance plan. Discounts are available through Caremark Mail Service Pharmacy.

shipping (if requested).

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