CIGNA C/G	SNA Home De Prescription			;y						103	5000 <sup>-</sup>				5(	)5	
	is form for NEW and RI tion. You can also orde e on your ID card.																
sample below usin	n clearly as shown in g BLUE or BLACK ink																
1     2     3     4       • Fill in the applicable	A B C D le ovals completely (	).															
Step 1: Insurance	Cardholder Informatio	on Comple	te if above l		cha	ange	ed o	r ap	opea	ars I	olan	k					
						mple											.,
PHO-NE#-       Order updates, reminders and other educational information may be sent to the email address above for the following individuals:																	
ST ZIP				dres	s al	bove	e is a	a or	ne tii	me a	addr	ess	) L   L				
ST       ZIP       Address above is a one time address         Step 2: Allergies & Health Conditions       Complete this section every time																	
							Alle	ergi	es				Hea	lth C	ondi	ition	_
New customers mu	ust complete this sect	tion					d)										5
If left blank will indic	ust complete this sect ate no known drug alle	rgies or					rphine		_		(wole						~
If left blank will indic	cate no known drug alle prmation provided previo	rgies or			c		e/Morphine		mycin	(0)	ist below)	ő	ood re	_	Q	esterol	~
If left blank will indic no change from info	cate no known drug alle prmation provided previo	rgies or		ne	nicillin			pirin	ythromycin	SAIDS	÷	abetes	gh Blood essure	thma	GERD	esterol	~
If left blank will indic no change from info	cate no known drug alle prmation provided previo ery Pharmacy.	rgies or	th	None	Penicillin	Sulfa	e/	Aspirin	Erythromycin	NSAIDS	Other (list below)	Diabetes	High Blood Pressure	Asthma	GI/GERD		Other (list below)
If left blank will indic no change from info CIGNA Home Delive	cate no known drug alle prmation provided previo ery Pharmacy.	rgies or ously to	th D/YY	None	O			Aspirin	CErythromycin	O NSAIDS	÷	O Diabetes	O High Blood Pressure	OAsthma	GI/GERD	esterol	~
If left blank will indic no change from info CIGNA Home Delive	cate no known drug alle prmation provided previo ery Pharmacy.	rgies or ously to Date of Bin	th D/YY D/YY	O None	O			O Aspirin	O Erythrom	O NSAIDS	÷	O Diabetes	O High Blood Pressure	O Asthma	O GI/GERD	esterol	~
If left blank will indic no change from info CIGNA Home Delive	cate no known drug alle prmation provided previo ery Pharmacy.	rgies or ously to Date of Bin	th D/YY D/YY	None	O			O Aspirin	O Erythromycin	<ul> <li>NSAIDS</li> </ul>	÷	O Diabetes	<ul> <li>High Blood</li> <li>Pressure</li> </ul>	O Asthma	O GI/GERD	esterol	~
If left blank will indic no change from info CIGNA Home Delive	cate no known drug alle prmation provided previo ery Pharmacy.	rgies or ously to Date of Bin	th D/YY D/YY	<b>None</b>	O Penicillin			O Aspirin	O Erythrom	<ul> <li>NSAIDS</li> </ul>	÷	O Diabetes	<ul> <li>High Blood</li> <li>Pressure</li> </ul>	O Asthma	O GI/GERD	esterol	~
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If left blank will indic no change from info CIGNA Home Delive Name (start with car FIRST LASTN FIRST LASTN FIRST LASTN FIRST LASTN Please write the indi "CIGNA Tel-Drug	ate no known drug alle ormation provided previo ery Pharmacy.	rgies or busly to Date of Bir M M / D M M / D M M / D heir other all logo are reg	D/YY D/YY D/YY D/YY ergies and o	0 0 0 ther ce r	0 0 0	snita Sulta Sulta Sulta		0 0 ditio		0 0 0 refer Hor	Other (list	O O O O Delive	High Blo	0 0 0	0 0 0 0	B si	Other (list below)
If left blank will indic no change from info CIGNA Home Delive Name (start with car FIRST LASTN FIRST LASTN FIRST LASTN FIRST LASTN FIRST LASTN FIRST LASTN FIRST LASTN FIRST CIGNA Tel-Drug service mark, of C All products	ate no known drug alle ormation provided previo ery Pharmacy.	rgies or busly to Date of Bir M M / D M M / D M M / D M M / D heir other all logo are reg perty, Inc., lice ded exclusive	D/YY P/YY D/YY P/YY ergies and o istered servi ensed for us ely by such o	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	Sulfa		O O ditio	Erythrom O Ours L Ours L O O O O O O O O O O O O O O O O O O O	<ul> <li>O</li> <li>O</li></ul>	Other (list	) elive s ope Tel-I	OR HIGH BIO OR HIG	0 0 0 0 0 0 0 0 0	0 0 0 0 acy" sidia and	B si	Other (list below)

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Step 3: Shipping Method									
Refrigerated shipments will be expedited a expedites carrier delivery time only. Order change by carrier without prior notification	processir and may	ng is not vary dep	affected by SPECIAL SHIPPIN bending on weight and zone.	G. These	e costs may be subject to				
O Standard Shipping \$0.00	ISPS Pric	ority Mail	2 - 3 Days \$9.25	Overr	night Delivery \$17.95				
Step 4: Method of Payment									
O Check O Money Order	Please	make ch	neck or money order payable to	CIGNA	Home Delivery Pharmacy				
Total payment enclosed (excluding credit of	ard paym	nent):	\$						
O VISA O Discover									
O MasterCard O American Express		Credit /	La L						
O Use Credit / Debit Card on File Last	4 digits o	f Credit /	/ Debit Card	Expirati	ion Date				
I authorize CIGNA Home Delivery Pharmacy to bill my credit / debit card for this and all future orders. I understand that my credit / debit card will be billed the following amounts in effect at the time my order is filled: any applicable copayment(s), coinsurance and/or deductible(s), payments due for any medications not covered under my benefit plan, plus any special shipping costs.									
Step 5: Refill Prescriptions Affix label	OR com	plete red	quested information						
Print Prescription Number	Here		Print Prescri	intion N	umber Here				
Print Prescription Number Here     Print Prescription Number Here									
Individual's Name Individual's Name									
Date of Birth									
Drug Name			Date of Birth Drug Name						
Print Prescription Number Here     Print Prescription Number Here									
Individue Ro Norro			Individuelle Neme						
Individual's Name       Individual's Name         Date of Birth       Date of Birth									
Drug Name         Drug Name									
Step 6: New PrescriptionsEnclose original written prescription from your doctorPlease write the date of birth and the Member ID on the back of each prescription.									
riease while the date of bitth and the men			· ·						
	Check	(√) One		Check					
	Fill	Do Not Fill		(√)if Brand					
Individual's Full Name Date of Birth		Now	Medication Name & Strength	Only	Doctor's Full Name				
Pharmacy law permits pharmacists to substitute a less expensive generically equivalent medication for a brand name medication unless you or your doctor indicate otherwise. By checking ( √ ) "Brand Only", you may incur a higher cost.									
You can call us at 1.800.Tel-Drug	(835.37	84) or vi	nal prescription(s) from your do sit the website on your ID card. ery Pharmacy, PO Box 1019, H	You car					