



# ORDER FORM FROM EXPRESS SCRIPTS

## Fax to: 800-396-2171

It can take up to **72 hours** for the prescription to be entered into our system after your fax is received. It is not necessary to resend the prescription or to call the prescription into our Service Center. Doing so will only delay the fulfillment of your patient's order. Only a prescriber's office may submit fax prescriptions. CII prescriptions **CANNOT** be faxed.

For future orders you must use this form to fax orders to Express Scripts.

**1. Fill in ALL of the information below.**

<b>DR/PRESCRIBER</b>	Dr/Prescriber Name:	
	DEA or NPI #:	Address, City, State, Zip:
	Phone:	
	Fax:	
	Mid-Level Practitioner's Supervising Physician Name:	
<b>PATIENT</b>	Patient Name:	
	Plan ID:	Address, City, State, Zip:
	Phone:	
	Date of Birth:	

**2. Attach Prescription HERE or fill in ALL of the information below.**

<b>Rx Form (ONE Fax Form per Patient)</b>					Date: _____
In order for a brand name product to be dispensed, the prescriber MUST handwrite 'BRAND NECESSARY' or 'BRAND MEDICALLY NECESSARY' in the table below.					
Drug Name	Strength	Qty	Directions For Use	Refills	Brand Necessary / Brand Medically Necessary
1					
2					
3					
Dr/Prescriber Printed Name			Dr/Prescriber Signature – Substitution Permissible		
_____			X _____		

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