


Mail this form to:


CVS CAREMARK
PO BOX 2110
PITTSBURGH, PA 15230-2110

Enter ID # below if not shown or if different from above

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Prescription Plan Sponsor or Company Name

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 prescription benefit identification card.

A Shipping Address. To ship to an address different from the one printed above, please make changes here.

Last Name	First Name	MI	Suffix (JR, SR)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Name	Apt./Suite #	<input type="checkbox"/> Use this address for this order only.
<input type="text"/>	<input type="text"/>	

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

Daytime Phone #:	Evening Phone #:
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

B Refills. To order mail service refills, enter your prescription number(s) here.

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

We may package all of these prescriptions together unless you tell us not to.



