

CVS CAREMARK Mail Service Order Form
Drug Discount Program

Mail this form to:



CVS CAREMARK
PO BOX 659541
SAN ANTONIO, TX 78265-9541

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

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RxGroup# (Refer to RxGRP on your card)

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:

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

Last Name

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 First Name

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 MI

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 Suffix (JR, SR)

--	--

Street Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Apt./Suite #

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 Use this address for this order only.

City

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 State

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 ZIP Code

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Daytime Phone #:

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 Evening Phone #:

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

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

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

↑ Please fold here →

↑ Please fold here →

↑ Please fold here →

↑ Please fold here →

* WEB *

* WEB *

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



