

Please fold here →

*** WEB ***

C

○ Spanish forms and labels

Doctor's Last Name	Doctor's First Name	Doctor's Phone #
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Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
☐ Sulfa ☐ Other: _____

○ Spanish forms and labels

Doctor's Last Name	Doctor's First Name	Doctor's Phone #
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Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
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D Special Instructions: _____

☐ **Electronic Check.** Pay from your bank account. First time users register online or call Customer Care.

 Bill Me Later®. Works like a credit card. First time users register online or call Customer Care.

☐ **Credit or Debit Card.** (VISA®, MasterCard®, Discover®, or American Express®)

☐ Fill in this oval to use your card on file.

☐ Fill in this oval to use a new card or to update your card expiration date.

															Exp.Date				
															MYY				

☐ **Check or Money Order.** Amount: \$.

Credit Card Holder Signature/Date

- Make check or money order out to CVS Caremark.

- Write your prescription benefit ID number on your check or money order.

- If your check is returned, we will charge you up to \$40.

Payment for Balance Due and Future Orders: If you chose Electronic Check, Bill Me Later®, or a Credit or Debit Card, we will also use it to pay for any balance that you owe and for future orders.

☐ Fill in this oval if you **DO NOT** want to use this payment method for future orders.

Regular delivery is free and will take up to 10 days from the day you send this form.

If you want faster delivery, choose:

☐ **2nd Business Day (\$17)** Business days are only

☐ **Next Business Day (\$23)** Monday-Friday

- Faster delivery charges may change.
- Faster delivery is for shipping time, not processing time.
- Faster delivery can only be sent to a street address, not a PO box.

