TIMOTHY SMITH 12 KIMBALL DRIV	E	Mail	this form to:		
POUGHKEEPSIE, acutabve66@msn. 1028249958	com		uulluluululullulluu CVS CAREMARK P.O. BOX 2110		ullluulull CONED
	Sponsor or Company	t from above)	PITTSBURGH PA	15230-2110	
	Web, phone, or write <b>RVICE,</b> order refills at w			ber of <b>Refill</b> p 01-6364.	
A Shipping Add	Iress. To ship to an ad		he one printed al st Name	pove, please N	C C
	Iress. To ship to an ad		·	₩ ₩ ₩	·
Last Name Street Address City		Fir	st Name Apt./Suite	₩ ₩ ₩	II Suffix (JR, SR)
Last Name Street Address City Daytime Phone #	+:	Fir	st Name Apt./Suite	V Use s for th ZIP Code	II Suffix (JR, SR)
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Last Name Street Address City Daytime Phone # B Refills. To orc	+:	Fir	st Name Apt./Suite	V Use s for th ZIP Code	II Suffix (JR, SR)
Last Name Street Address City Daytime Phone #	t:	Fir	st Name Apt./Suite	V Use s for th ZIP Code	II Suffix (JR, SR)

will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.

**C** Tell us about the people getting prescriptions. If there are more than two people, please complete another form.

<b>1st person</b> with a refill or new prescription.	First Name OSpanish forms and labels
	Suffix (JR,SR)
NICKNAME Gender: () M () F	Date of Birth:
E-Mail Address:	Date new prescription written:
Desired Levi News	
Doctor's Last Name Doctor's First Tell us about new health information for 1st perso	
•	Codeine Erythromycin Peanuts Penicillin
Medical Conditions: () Arthritis () Asthma () Diab () High Blood Pressure () High Cholesterol () M () Other:	Iigraine         Osteoporosis         Prostate Issues         Thyroid
2nd person with a refill or new prescription.	O Spanish forms and labels
Last Name	First Name MI Suffix
	Date of Birth:
E-Mail Address:	Date new prescription written:
Doctor's Last Name Doctor's Firs	st Name Doctor's Phone #
Tell us about new health information for 2nd perso	on if never provided or if changed.
Allergies: None Aspirin Cephalosporin	Codeine Crythromycin Peanuts Penicillin
O Sulfa  O Other:   Medical Conditions: O Arthritis O Asthma O Diab	etes O Acid Reflux O Glaucoma O Heart Problem
Osulfa       Other:         Medical Conditions:       Orthritis       Osthma         High Blood Pressure       High Cholesterol       M	etes O Acid Reflux O Glaucoma O Heart Problem ligraine O Steoporosis Prostate Issues O Thyroid
<ul> <li>Sulfa</li> <li>Other:</li> <li>Medical Conditions:</li> <li>Arthritis</li> <li>Asthma</li> <li>Diab</li> <li>High Blood Pressure</li> <li>High Cholesterol</li> <li>M</li> <li>Other:</li> </ul>	etes O Acid Reflux O Glaucoma O Heart Problem ligraine O Osteoporosis O Prostate Issues O Thyroid
Sulfa       Other:         Medical Conditions:       Arthritis       Asthma       Diab         High Blood Pressure       High Cholesterol       M         Other:       Special Instructions:       Asthma       Diab	etes O Acid Reflux O Glaucoma O Heart Problem ligraine O Steoporosis Prostate Issues O Thyroid
Sulfa       Other:         Medical Conditions:       Arthritis       Asthma       Diab         High Blood Pressure       High Cholesterol       M         Other:       Special Instructions:       Asthma       High Cholesterol         How would you like to pay for this order?       If your	etes Acid Reflux Glaucoma Heart Problem Aigraine Osteoporosis Prostate Issues Thyroid copay is \$0, you do not need to provide payment information.)
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<ul> <li>Sulfa Other:</li> <li>Medical Conditions: Arthritis Asthma Diab</li> <li>High Blood Pressure High Cholesterol M</li> <li>Other:</li> <li>Special Instructions:</li> <li>How would you like to pay for this order? (If your</li> <li>Electronic Check. Pay from your bank account.</li> <li>Use my PayPal Credit account. Works like a cred</li> <li>Credit or Debit Card. (VISA®, MasterCard®, Disc</li> <li>Fill in this oval to use your card on file.</li> <li>Fill in this oval to use a new card or to update y</li> <li>Exp.Dat MMYY</li> <li>Check or Money Order. Amount: \$</li> <li>Make check or money order out to CVS/caremark</li> <li>Write your prescription benefit ID number on your check or money order.</li> </ul>	Detes       Acid Reflux       Glaucoma       Heart Problem         Acid Reflux       Prostate Issues       Thyroid         Copay is \$0, you do not need to provide payment information.)       (You must first register online or call Customer Care.)         Acid Card.       (You must first register online or call Customer Care.)         Acid Card.       (You must first register online or call Customer Care.)         Acid Card Express®)       Credit Card Holder Signature/Date         Max       Credit Card Holder Signature/Date         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)
<ul> <li>Sulfa Other:</li> <li>Medical Conditions: Arthritis Asthma Diab</li> <li>High Blood Pressure High Cholesterol M</li> <li>Other:</li> <li>Special Instructions:</li> <li>How would you like to pay for this order? (If your</li> <li>Electronic Check. Pay from your bank account.</li> <li>Use my PayPal Credit account. Works like a cred</li> <li>Credit or Debit Card. (VISA®, MasterCard®, Disc</li> <li>Fill in this oval to use your card on file.</li> <li>Fill in this oval to use a new card or to update y</li> <li>Exp.Dai</li> <li>MMYY</li> <li>Check or Money Order. Amount: \$</li> <li>Make check or money order out to CVS/caremark</li> <li>Write your prescription benefit ID number on your check or money order.</li> <li>If your check is returned, we will charge you up to</li> </ul>	Detes       Acid Reflux       Glaucoma       Heart Problem         Acid Reflux       Prostate Issues       Thyroid         Copay is \$0, you do not need to provide payment information.)       (You must first register online or call Customer Care.)         Acid Card. (You must first register online or call Customer Care.)       (You reard expiration date.         Acid Card Appendix       Credit Card Holder Signature/Date         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         Acid State       Next Business Day (\$23)       Monday-Friday
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