



**Independence  
Blue Cross**

An Independent Licensee of the Blue Cross  
and Blue Shield Association

For information, call  
**1-888-678-7012** or log  
on to **www.ibxpress.com**

## Mail Service Order Form

**Instructions:** Please PRINT in CAPITAL letters using BLACK ink only. Fill in the applicable ovals completely (●).  
Mail this completed form, the doctor's signed prescription(s), and your payment to  
Caremark in the envelope provided or to the address on the bottom of this form.

### 1 Member Information/ Health History

Primary Member Identification Number (refer to your prescription card)

Date Form Submitted:

Primary Member Name (Last Name)

(First Name)

(MI)

Delivery Address (if you select 2nd Day or Next Day shipping, fill in a street address, not a P.O. Box)

City

State

Zip

Phone Number

Above delivery address is:

For this order only

For this and all future orders

E-mail Address, if available

This information will not be shared with any outside party. If other household members also use this e-mail address, they may be able to access your health information.

Mark all allergies or conditions that apply to you, your spouse or covered dependents that have a prescription submitted with this form by completely filling in the oval below that description. Contact your doctor if you are unsure about any health conditions. This information will not be required on future order forms unless there has been a change in health status.

Primary Member's First Name

Birthdate

Male/Female (M / F)

No Known Allergies

Penicillin Allergy

Sulfa Allergy

Other Allergies (list below)

Diabetes

Thyroid

Heart Condition

High Blood Pressure

Ulcers

Epilepsy

Glaucoma

Other Conditions (list below)

Spouse's First Name

Other Dependent's First Name

Other Dependent's First Name

Please write first name and then list "other allergies" and/or "other conditions" referenced above

List any non-prescription medications that you take on a regular basis or prescription medications that you obtain without your prescription plan:

