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Member ID # (if not shown or if different from above)

Mail this form to:
CVS Caremark
PO BOX 659541
SAN ANTONIO, TX 78265-9541

The Dow Chemical Company
Prescription Plan Sponsor or Company Name

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Instructions: Please use blue or black ink and print in capital letters. 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:
TO RECEIVE YOUR ORDER SOONER request refills online at: www.aetn navigator.com or call toll-free 1-877-264-5686 or TDD (for hearing impaired) at 711.

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.
Last Name First Name MI Suffix (JR, SR)
Street Address Apt./Suite # Use shipping address for this order only.
City State ZIP Code
Daytime Phone #: Evening Phone #:

Please fold here

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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)

Aetna wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for Brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions including drug names, use the "Special instructions" section of this form.

We may package all of these prescriptions together unless you tell us not to.
All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form 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.



