

PART D - Prescription Drug Plan Analysis

Please list all medications you are currently taking or will need to take for the foreseeable future so we can do a proper cost analysis for you. We typically don't worry about short term meds you are no longer needing (sinus infection, etc)

	Medication Name	
	Dosage and Frequency	
	Diagnosis/Medical Condition	
	Date Originally Prescribed	

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What are you top 3 local pharmacies in order of preference?

Do you like to Mail Order your prescriptions? YES / NO

NAME: _____

DATE OF BIRTH: _____

PHONE #: _____

EMAIL: _____