Medicare Resource Center

★★★★★★★★★★★★★★★★★★★★★

Part D Drug Plan
CLIENT UPDATE FORM

The Medicare Resource Center is neither endorsed nor affiliated with any federal, state or local agency.

Client Name_____**Zip Code**_____**County**_____

If you have a Medicare Supplement + Part D plan, please update your Rx medications below. Please be sure to include the full name of your medication, especially if it is a combination of two or more drugs. Also be sure to include the strength/dosage and how many times a day you take it. Thank you!

Medication Name	Strength/Dosage	Frequency

Do you have a preferred pharmacy? YES NO If yes, pharmacy name_____

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