

Medication List

Please fill out all requested information. List your medications below (there is room for two Rx lists for spouses). Be sure to list the medication name exactly as it appears on the bottle. If you take no medications please write "none" in the first row.

Name _____	Name _____
Email _____	Email _____
Best Phone # _____	Best Phone # _____
Preferred Pharmacy _____	Preferred Pharmacy _____

Medication Name	Dose	Frequency	Medication Name	Dose	Frequency
E.g. Atorvastatin	E.g. 10Mg	E.g. 1/day	E.g. Atorvastatin	E.g. 10Mg	E.g. 1/day

When complete, please return one of the following ways:

Fax: 480-590-4057

Mail: Larry E Gustafson, Inc. Attn: Lisa Breiner, 1672 E Chelsea Ln., Gilbert, AZ 85295

Email: Service@Legins.net