



Providing Service & Establishing Relationships!

MEDICARE ANNUAL ENROLLMENT

October 15th - December 7th

UPDATED MEDICATION LIST

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ DOB: _____ Age: _____

E-Mail: _____

Do you take prescription medication? Y N

If yes, please complete your medication list...

	MEDICATION	DOSAGE	TREATMENT FOR....
1			
2			
3			
4			
5			
6			
7			
8			

WHAT PHARMACY WOULD YOU LIKE TO GET YOUR PRESCRIPTIONS?

Pharmacy Choice 1: _____ Pharmacy Choice 2: _____

Do you like to use Mail Order? Y N

ADDITIONAL NOTES: