

MEDICATION LIST DATE:

MEDICATION LIST ID#:

Lance Henderson 213 Castillon Way, San Jose, CA 95119

**Fax: 888-545-8785**

Phone: 408-982-7358

Email: LanceH@Share-The-Dream.com

OKAY TO EMAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Your Email Address:	Mail Order Okay? <input type="checkbox"/> YES <input type="checkbox"/> NO

Name:	
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Street & City	
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Zip Code	Phone:
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Do you have a Medicare Supplement?: YES <input type="checkbox"/> NO <input type="checkbox"/>	If you have a Medicare Supplement
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Do you have an Advantage plan?: YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Current Part D plan:
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Do you get "Extra Help": YES <input type="checkbox"/> NO <input type="checkbox"/> ??? <input type="checkbox"/>
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Medication	Strength & type each pill	How many per DAY	Is Generic okay? Yes or No	Used every month?
<i>example: Atenolol</i>	<i>50mg Tabs</i>	<i>1</i>	<i>Yes</i>	<i>Yes</i>

**What is the name of your Pharmacy (IE Walgreens, CVS etc), AND are you willing to change IF it saves you money?:**

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Any Additional Medications OR Doctors/Specialists needing checked

<b>Medication</b>	<b>Strength each pill</b>	<b>How many per DAY</b>	<b>Is Generic okay? Yes or No</b>	<b>Used every month?</b>

<b>Doctor/Specialist</b>	<b>Phone</b>	<b>City</b>

This area is for your notes from you to me:

Blank area for notes from you to me.