

List of CURRENT Prescription Medications

**Informed Choice Insurance Agency 877-446-3676
www.informedchoice.com**

Client Name: _____

Address: _____

Medicare ID Number: _____

Email Address: _____

By providing your email address you are consenting to communication from your agent via email

Current Plan Name: _____ Preferred Retail Pharmacy: _____

Are you willing to switch to a different Pharmacy to save money? (check one) Yes No

Are you currently using a Mail Order service? (check one) Yes No Are you willing to use a Mail Order Service? (check one) Yes No

* Do **NOT** include over-the-counter medications

* If you are unsure what to write down, copy the label on your prescription bottle exactly

For Office Use Only
Zip Code: _____
County: _____
Sales Agent: _____
Appointment: _____

Medication Name	Dosage/Form/Size	How often to you take it?	How often is it filled?
<i>Example: Triamcinolone Acetonide Topical</i>	<i>.1% Ointment, 80 gm Tube</i>	<i>Every other day</i>	<i>Every 6 months</i>
<i>Example: Simvastatin</i>	<i>20 mg Tablet</i>	<i>Once a day</i>	<i>Every month</i>

You are not required to provide this information in order to meet with a Sales Agent