

**2010 Medicare Part D
Prescription Information**

Name: Current Medicare Part D Plan:		Date of Birth:	Zip Code:		
#	Medication Name	Brand (B) or Generic (G)?	Dosage (i.e. 20 mg)	Frequency taken (i.e. daily, 3x daily, etc.)	Mail Order?
1					
2					
3					
4					
5					
6					

Note: "As Needed" will generate only 1 prescription per year in our calculations.

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1					
2					
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6					

This information will be held in strict confidence and will only be used to determine your best 2010 recommended Medicare Part D, prescription plans.

You have my (our) permission to phone us to arrange a meeting time or discuss the options:

Signature of Medicare Beneficiary

Date

Phone