

List **MEDICATIONS** you need assistance with individually for each member. List medications taken monthly for each individual applying member prescribed by each individual Doctor separately (photocopy as needed).

Print Individual name

Doctor Name: Doctor Specialty:
 Address LINE 1: Address LINE 2:
 City: State: Zip:
 Office Phone: () Fax: ()

MEDICATION NAME	DOSAGE / STRENGTH	FREQUENCY (Ex. take once daily x30)	Current Monthly COST	NOTES:

Print Individual name

Doctor Name: Doctor Specialty:
 Address LINE 1: Address LINE 2:
 City: State: Zip:
 Office Phone: () Fax: ()

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