

Name: _____ Zip Code: _____ Email: _____

Which is your preferred retail pharmacy:

CVS Kroger Walmart Sam's Williams Bros. Other: _____

Are you also eligible for the Medicare Extra Help Program for your prescriptions or Medicaid?

Yes No Don't know

Comments:

Please list all current prescriptions:

<u>Drug Name</u> <i>ex: Lisinopril</i>	<u>Dosage</u> <i>10mg</i>	<u>Frequency</u> <i>1 x per day</i>	<u>Notes</u>

Return your completed form to:

Email: Allyson@ClaritybytheNumbers.com | Fax: (812) 827-2004

Mail: Clarity by the Numbers, 5015 W State Rd 46, Suite M, Bloomington, IN 47404