

Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Which is your preferred retail pharmacy:**

CVS  Kroger  Walmart  Sam's  Williams Bros.  Other: \_\_\_\_\_

**Do you now or would you like to use mail order for your regular medications?**

YES  NO

**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