



**PART D - PRESCRIPTIONS & MEDICATIONS**

<b>LIST CURRENT MEDICATIONS, DOSE, AND FREQUENCY FOR ALL FAMILY MEMBERS</b>												
			<b>FOR OFFICE USE ONLY</b>									
<b>PRESCRIPTION NAME</b>	<b>DOSE</b>	<b>FREQUENCY (Per Day)</b>	<b>AARP</b>	<b>AETNA</b>	<b>ANTHEM</b>	<b>CIGNA</b>	<b>CT CARE</b>	<b>ENVISION Rx</b>	<b>FIRST HEALTH</b>	<b>HUMANA</b>	<b>SILVER SCRIPT</b>	<b>WELL CARE</b>
<i>Lipitor</i>	<i>10mg</i>	<i>1</i>										

**NOTES:** \_\_\_\_\_

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**SIGNATURE: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**REP SIGNATURE: \_\_\_\_\_**

**DATE: \_\_\_\_\_**