

General Prescription Drug List

Full Name as it appears on your Medicare card: _____

Address: _____ City: _____ Zip: _____

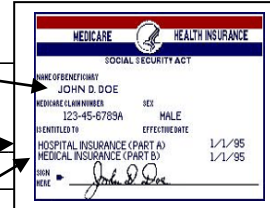
Phone#: _____ Birth Date: _____

Medicare# _____

Medicare Part A (Hospital) Effective Date (see Medicare Card): _____

Medicare Part B (Medical) Effective Date (see Medicare Card): _____

Preferred Pharmacy & Location: _____



	Print Full Drug Name – or attach a list from your pharmacy	Dosage (mg Strength)	Frequency (times per day)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

I give my consent for Santee-Lynches AAA SHIP Counselors to assist me with my Medicare Coverage using the above information.
Please Sign here:

Date:

Fax or Mail form to:
 Brenda Richburg
 Santee-Lynches AAA
 39 E. Calhoun St
 Sumter, SC 29150
 Fax: (803) 774-1030