

To recommend a Prescription Drug Program for you, please complete the information below and return to:

SUSAN POLK INSURANCE AGENCY, INC.

Medicare Specialists

1443 Marsh Street, San Luis Obispo, CA 93401

info@susanpolk.com

Fax: 805-544-8096

Phone: 805-544-6454

Name: _____

Phone Number: _____

Present Pharmacy: _____

Preferred Pharmacy: _____

Premium Payment Method: Social Security Monthly Auto Draft

CURRENT

PRESCRIPTIONS

	Drug Name	Dosage	Form- Tablet, capsule, drops	Number per day	Generic?	How often filled?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

