## **2019 MEDICATION WORKSHEET**

Please use the below worksheet to make a list of your medications.



Name:				
Current Part D Company:				
Preferred Pharmacy:				
Would you consider mail order if co				
Do you have Senior Care? ☐ Yes ☐				

NAME OF MEDICATION	DOSAGE	FREQUENCY	HOW OFTEN IS THE PRESCRIPTION FILLED?
<b>EXAMPLE:</b> Simvastatin Tablets	20 mg	Once a day	90 pills every 3 months
EXAMPLE: Humalog 50/50 Kwikpens	3mL Pen	50 Units per day	Pkg of 5 pens lasts 1 month

SCAN AND EMAIL COMPLETED WORKSHEET TO:

AL@FRANKSENIORINSURANCE.COM BY NOVEMBER 30<sup>TH</sup>

*OR* Mail completed worksheet by November 30<sup>th</sup> to: Frank Senior Insurance Group, LLC 1210 Bultman Rd, Madison, WI 53704