

Rx Review Form

DO NOT LIST OTC ITEMS, ONLY RX DRUGS.

BROKER NAME	BROKER EMAIL	BROKER FAX #	BROKER CELL PHONE #	RX SEARCH HMO OR PDP
CLIENT NAME	CLIENT ZIP CODE	CLIENT DOB	CLIENT'S CURRENT Rx PROVIDER	INCLUDE DEDUCTIBLE IN PLAN SEARCH Y/N

PRESCRIPTION NAME AS PRINTED ON BOTTLE <i>SPECIFY IF BRAND A MUST</i>	DOSAGE <i>TABLET OR DROP</i>	HOW MANY PILLS IN A ONE MONTH SUPPLY?	PHARMACY	MAIL ORDER Y/ N

NOTES: WHICH HEALTH PLANS DO YOU WANT TO SEE IN THE ANALYSIS?

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