

Name: _____

Current Pharmacy: _____ Willing to Switch? Yes: No:

NOTE: *** If you are taking creams, ointments, gels, inhalers, or powders – please specify the size (in grams) and how often you refill

EXAMPLES				
Drug name: Albuterol Inhaler	Generic? <input checked="" type="checkbox"/> Namebrand? <input type="checkbox"/>	Is it a tablet, capsule, cream, gel, lotion, solution, or Inhaler? Circle one	Dosage? 108 HFA (90 Base) 18 Gram Can	Frequency? Every 3 months
Drug name: Eliquis	Generic? <input type="checkbox"/> Namebrand? <input checked="" type="checkbox"/>	Is it a tablet, capsule, cream, gel, lotion, solution, or Inhaler? Circle one	Dosage? 5mg	Frequency? Twice daily
Drug name: Ketoconazole	Generic? <input checked="" type="checkbox"/> Namebrand? <input type="checkbox"/>	Is it a tablet, capsule, cream, gel, lotion, solution, or Inhaler? Circle one	Dosage? 2% Cream 60mg tube	Frequency? Once a year.

Drug name:	Generic? <input type="checkbox"/> Namebrand? <input type="checkbox"/>	Is it a tablet, capsule, cream, gel, lotion, solution, or Inhaler? Circle one	Dosage?	Frequency?
Drug name:	Generic? <input type="checkbox"/> Namebrand? <input type="checkbox"/>	Is it a tablet, capsule, cream, gel, lotion, solution, or Inhaler? Circle one	Dosage?	Frequency?
Drug name:	Generic? <input type="checkbox"/> Namebrand? <input type="checkbox"/>	Is it a tablet, capsule, cream, gel, lotion, solution, or Inhaler? Circle one	Dosage?	Frequency?
Drug name:	Generic? <input type="checkbox"/> Namebrand? <input type="checkbox"/>	Is it a tablet, capsule, cream, gel, lotion, solution, or Inhaler? Circle one	Dosage?	Frequency?
Drug name:	Generic? <input type="checkbox"/> Namebrand? <input type="checkbox"/>	Is it a tablet, capsule, cream, gel, lotion, solution, or Inhaler? Circle one	Dosage?	Frequency?
Drug name:	Generic? <input type="checkbox"/> Namebrand? <input type="checkbox"/>	Is it a tablet, capsule, cream, gel, lotion, solution, or Inhaler? Circle one	Dosage?	Frequency?
Drug name:	Generic? <input type="checkbox"/> Namebrand? <input type="checkbox"/>	Is it a tablet, capsule, cream, gel, lotion, solution, or Inhaler? Circle one	Dosage?	Frequency?

Signature: _____ Date: _____

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