Your Name

RHPMS

RetirementHealthPlansMadeSimple™

Consultation, Advocacy, and Enrollment Services

www.RetirementHealthPlansMadeSimple.com

MEDICATION LIST

Drug Name (**Print** drug name **exactly** as shown on container)	**Type** (Tablet, Capsule, Liquid, Spray, Cream, Lotion, Gel, etc)	**Dosage/ Strength**	**Frequency: Pills Per Month**	**Indicate your Supply Order** 30 Day	90 Day
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Theresa Cangemi | Mobile/Text: 315.727.4933 | Email: tcangemi@RetirementHPMS.com | www.RetirementHealthPlansMadeSimple.com