



## Medicare Part D – Medication List

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Medicare # \_\_\_\_\_ Age \_\_\_\_\_

Preferred Pharmacy \_\_\_\_\_

*For inhalers, creams, lotions, gels, liquids, and for hormones—taking a picture of your medication package will help us identify the details of your dosage, and may help us to save you money.*

Medication Name	Dose	How many times each day do you take this medication?	30-day or 90-day supply?