CJFS
Care and Support for Older Adults

Medicare Part D – Medication List

Today's Date _____

Name _____ DOB _____ M ☐ F ☐

Medicare # _____ Age _____

Preferred Pharmacy _____

For inhalers, creams, lotions, gels, liquids—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?

Email form to mark@cjfsbham.org OR
Mail to CJFS – Attn Mark Driskill
3940 Montclair Rd, Suite 205
Birmingham, AL 35213

6/18/2025