**MEDICARE PART D INFORMATION SHEET**

**USC Instructions:** Please fill out the sheet and attach it to the sign-up form at least 2 weeks before your appointment. If you have any issues attaching the form, you may email the completed sheet to the event organizer, Paulina Nguyen (paulinan@usc.edu), with subject title – Medicare Part D Information Sheet.

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| NAME: | | | | | | | CELLPHONE NO: | |
| ADDRESS: | | | CITY/STATE: | | | ZIP CODE: | | |
| MEDICARE NUMBER: | | | | | BIRTH DATE: | | | |
| PART A EFFECTIVE DATE: | | | | PART B EFFECTIVE DATE: | | | | |
| CURRENT MEDICARE PART D PLAN NAME: | | | | | | | | |
| PREFERRED PHARMACY (IF ANY): | | | | | | | | |
| **DRUG NAME** | **STRENGTH** | **DIRECTIONS**  **(FROM PRESCRIPTION LABEL)** | | | | | | **FREQUENCY OF REFILLS**  **(DAY SUPPLY)** |
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