STANG
INSURANCE CONSULTING

(716) 322-0056
Wnymedicareteam.com

Name:_____

Address:_____

DOB:_____

Email:_____

Phone #:_____

Pharmacy:_____

My Medications:

Name of Drug	Dosage	# Taken Per Day

Primary Care Physician: _____ Phone Number: _____

Specialist: _____

Specialist: _____

Specialist: _____
