MEREDITH Insurance Center

1303 Higuera Street
San Luis Obispo, CA 93401
Phone: 805-548-8672
Fax: 805-548-8071
Email: Kip@meredithinsurancecenter.com

* Please Complete (1) Form
  Per Person and return to MIC

Name _____

Email _____ Phone _____

Preferred Pharmacy _____

Existing PDP Plan _____

Current Prescriptions (please print clearly):

	Prescription Name, as listed EXACTLY on bottle	Dosage	Tablet, Capsule, or Liquid?	Quantity per Month
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				