



Member Info			
Name: Zip Code:	eMail:	Phone:	
Pharmacy You Prefer to Use:			
Current Medicines Used			
Medication Name	Brand or Generic?	Dosage	Frequency
Example: Lisinopril	Generic	40 Mg	1x day

NOTES:

Wayco use / Drug List ID \_\_\_\_\_ Wayco use / PW Date: \_\_\_\_\_