

Medicare Part D worksheet

Name			
	Drug Name	Dosage	Frequency
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Return to Jim Bowman via fax at 972-578-6687  
or email to: [jim@bowmanbenefits.com](mailto:jim@bowmanbenefits.com)