

# PERScription DRUG LIST

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

EX	Name (as printed on the bottle)	Dosage Amount and Type	Quantity	Frequency	N/C	N/C	N/C	N/C
					Tier 1-6	Tier 1-6	Tier 1-6	Tier 1-6
	Atrovastatin Calcium	20 mg - tab	30	day/wk/m	NC	T3	T1	T6
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
Preferred Pharmacy								
Alternate Pharmacy 1								
Alternate Pharmacy 2								