



3815 River Crossing Parkway, Suite 100, Indianapolis, IN 46240
(317) 566-2075

Name: _____ Phone: _____

Zip: _____ County: _____ Date of Birth: _____ Tobacco ___ Non-Tobacco ___

Preferred Pharmacy: _____

	<u>Drug Name</u> (Please check spelling)	<u>Dosage (for pills) or Package(for shots)</u> (10 mg or 10 ML Vial)	<u>Frequency</u> (1/day, 1/mo)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____

Authorization

By signing below I acknowledge the completion of this form is optional, not necessary to meet with an Agent, and is obtained solely for the purpose of facilitating my upcoming appointment. I authorize Packard Insurance Group to run and review an individualized Medicare Part C & D report with me from the Medicare website and expect Elliot S. Packard to discuss with me simultaneously the multiple Senior Health & Drug Plans that he has available for my purchase. This includes Medicare Supplements, Medicare Advantage Plans and Medicare Drug Plans.

Signed _____ Date _____

Please return this form to Packard Insurance Group as soon as possible.