

Your name: \_\_\_\_\_

<p align="center"><b><u>Prescription Drug List</u></b>  <u>one</u> Rx per line  (Inhalers and Injections on back section)</p>	<p align="center"><b><u>Generic or Brand?</u></b></p>	<p align="center"><b><u>Dosage</u></b>  Example:  mg, mcg,  %</p>	<p align="center"><b><u>Frequency</u></b>  Example:  1 pill/day  1 bottle/mo.</p>
<p><b>Drug Name:</b>  <b>Circle One:</b> Tablet, Capsule, Caplet, Powder, Patch, Cream, Lotion, Liquid, Syrup, Suspension, Spray, Mist, Drops</p>			
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<b>Inhalers</b>	<b><u>Dosage</u></b> Example 6.7 gm, 8.76 gm	<b><u>Package size</u></b> Example 1 inhaler, box of # aerosols, blister pack of 14	<b><u>Frequency</u></b> Example 1 inhaler/month 1 box/month
<b>Name:</b>			
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<b>Injections</b>	<b><u>Pens or Vials</u></b> # per package	<b><u>Size</u></b> Example 3 ml vial, 3 ml pen, 1 ml pen	<b><u>Amount</u></b> How many vials/pens do you use each month?
<b>Name:</b>			
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SHIIP is a free, unbiased counseling program provided by the State of Iowa Insurance Division.

This form contains confidential information and will not be shared with anyone other than your SHIIP Counselor(s).

**Phone: 1-800-351-4664**

**Website: [www.therightcalliowa.gov](http://www.therightcalliowa.gov)**