

Personal Drug List Summary

If you would like us to provide a personalized summary of your current prescription drugs, please complete the fillable form below. Once complete, you may save and email this to info@coveredbridgeinsurance.com, or fax or mail it to us.

Please provide the following information:

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Phone #2 _____

Best time to reach you _____

Which pharmacy do you prefer? _____

Would you consider a mail-order service to save money? Yes ___ No ___

Drug Name - Be sure to add ALL info - ER, EX, DR, etc)	Form of Drug (Use Dropdown)	Dosage (mg or mcg) or Unit Size	# Tabs/Caps per Day OR # Units per Month
	tab cap other		
	tab cap other		
	tab cap other		
	tab cap other		
	tab cap other		
	tab cap other		
	tab cap other		
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	tab cap other		
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	tab cap other		
	tab cap other		



Covered Bridge Insurance
We've got you covered

Covered Bridge Insurance
W67N222 Evergreen Blvd
Suite North 116
Cedarburg, WI 53012

Phone: (262) 376-9000
Fax: (262) 376-9005