

List of Current Prescription Drugs

Please copy your prescription information from the prescription label. OR you may attach a pharmacy print-out of your current medications. We need the dosage and quantity prescribed each month. If medication is eye drops or inhalers list how many bottles per month. **Do not** include over the counter medications or vitamins.

Print Name of the Drug <i>Example: Lipitor</i>	Dosage <i>Example: 100 mg</i>	How often <i>Example: 1 per day</i>
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Mail to: HICAP, Area 1 Agency on Aging, 434 7th Street, Eureka, CA 95501
or to: HICAP, 1765 Northcrest Drive, Crescent City, CA 95531

For assistance or an appointment call: Humboldt County (707) 444-3000
Del Norte County (707) 464-7876

To reach Medicare call: 1-800-633-4227 or Medicare website: www.medicare.gov