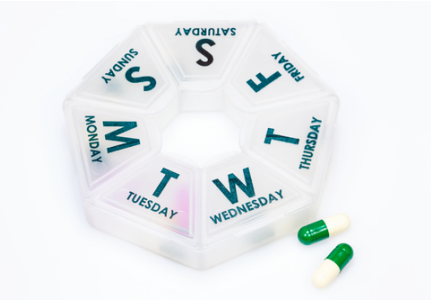

Medication Management Checklist: Prevent Polypharmacy, Maximize Medicare Part D, Find Alternative Payment Sources

Date: Patient: _____

MEDICATION	Dosage / Frequency	REASON FOR MEDICATION	PHYSICIAN who PRESCRIBED	Source of Payment / Co pay information

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