

Montgomery & Associates, Inc. PO Box 458 Mesa, AZ 85211-0458

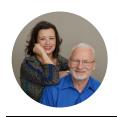
www.altcsplanning.net | www.incomeonlytrust.com | www.cam-edp.com | www.cam-soc.com

P: 480-464-4968 | F: 480-969-9779

Your One-Stop Resource for Long Term Care Planning!

NOTE: SHADED AREAS FOR AGENT USE ONLY

P R O V	IDERS / PHARMAC	Y / EQUIPMENT
Customer Na	me:	
PCP 1	PCP 2	
Address	Address	
City, Zip	City, Zip	
Phone	Phone	
PCP = Primary Car	e Physician	
Spec 1	Spec 2	
A diduce a	Address	
Address	Address	
City, Zip	City, Zip	
Phone	Phone	
Reason seen	Reason seen	
Spec = Specialist	<u>_</u>	<u> </u>
Spec 3	Spec 4	
Address	Address	
City, Zip	City, Zip	
Phone	Phone	
Reason seen	Reason seen	
Spec = Specialist		
Hospital 1	Hospital 2	
Address	Address	
City, Zip	City, Zip	
Phone	Phone	
	<u>_</u>	<u> </u>
DME Equip 1	DME Equip 2	
Address	Address	
City, Zip	City, Zip	
Phone	Phone	
DME = Durable Me	edical Equipment	I
Pharmacy 1	Pharmacy 2	
Address	Address	
City, Zip	City, Zip	
Phone	Phone	



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R	E S	С	R	1	P T	· I	0	N	1		R	X	L	I	S T	. 8
ustom	er Name:															
	Rx Name		Generic	Brand	Dose	Qty.	Per	Refill Freq.	AE	вс	BW	CI	HN	HU	UHC	
					1											
Drug List	ID:				Pas	sword o	date:			Zip):					



