Please fill out the information below and get it back to us as soon as possible, (1 week prior to your appointment is preferred), so we are prepared for your meeting.

## **Return Email address:**

Mansheim@iowatelecom.net

Return Mailing address:
Mansheim Insurance Services
109 8 <sup>th</sup> Street
West Point, IA 52656

Phone Number:

Email Address:

Name:

\*Please know the password for this email at the time of our appointment.

Preferred Pharmacy:

Current Prescription Plan:

Your Appointment is on \_\_\_\_\_\_ at \_\_\_\_\_.

Drug Name	Dosage	Frequency

Reason for taking

Drug Name	Dosage	Frequency	Reason for taking	
-				