

Patient Name:	Pharmacy:
Patient ID:	Pharmacy ID:

Data Form

A Part of the Medical Expenditure Panel Survey (MEPS)

	Date Filled	NDC			Drug Name	Manufacturer	Strength	Unit	
	/ /05		-	-					
•	Quantity	Quantity Unit	Dosage Form	Patient Paym	Type of 3rd	Type of 3rd Party Payer		3rd Party Payment	
				\$			\$	_•	
•					•		•		
	Date Filled	NDC			Drug Name	Manufacturer	Strength	Unit	
	/ /05		-	-					
•	Quantity Unit Dosage Form Patient			Patient Paym	Type of 3rd	Type of 3rd Party Payer		3rd Party Payment	
		\$		\$•			\$		
i				-				•	
	Date Filled		NDC		Drug Name	Manufacturer	Strength	Unit	
	Date Filled / /05		NDC	-	Drug Name	Manufacturer	Strength	Unit	
		Quantity Unit		- Patient Paym		Manufacturer d Party Payer		Unit Payment	
	/ /05	Quantity Unit	-		Type of 3rd				
	/ /05 Quantity	Quantity Unit	Dosage Form	Patient Paym	Type of 3rd	l Party Payer	3rd Party	Payment	
	/ /05	Quantity Unit	-	Patient Paym	Type of 3rd		3rd Party		
	/ /05 Quantity	Quantity Unit	Dosage Form	Patient Paym	Type of 3rd	l Party Payer	3rd Party	Payment	
	/ /05 Quantity Date Filled	Quantity Unit Quantity Unit	Dosage Form NDC	Patient Paym	Drug Name	l Party Payer	3rd Party \$ Strength	Payment	