OMB# 0935-0108

US Public Health Service
2005 Pharmacy Component

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 Payment	Type of 3rd Party Payer	3rd Party Payment
			$______._____		$_______._____

Date Filled	NDC	Drug Name	Manufacturer	Strength	Unit
/ /05	- -				

Quantity	Quantity Unit	Dosage Form	Patient Payment	Type of 3rd Party Payer	3rd Party Payment
			$______._____		$_______._____

Date Filled	NDC	Drug Name	Manufacturer	Strength	Unit
/ /05	- -				

Quantity	Quantity Unit	Dosage Form	Patient Payment	Type of 3rd Party Payer	3rd Party Payment
			$______._____		$_______._____

Date Filled	NDC	Drug Name	Manufacturer	Strength	Unit
/ /05	- -				

Quantity	Quantity Unit	Dosage Form	Patient Payment	Type of 3rd Party Payer	3rd Party Payment
			$______._____		$_______._____