OMB#: 0935-0118

PHARMACY

**Medical Expenditure Panel Survey – Medical Provider Component**

Reference #: «GID»

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Provider Name** | **Customer Name** | **Customer Address** | **Date of Birth** | **Sex M/F** | **2014 Rx Found** | **Cust Found No 2014 RX** | **Not a Cust** |
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## Confidential Customer Checklist – (Continued)

## PLEASE RETURN

Attachment 97 Pharmacy Overflow Pt List