Attachment 101 MPC Pharmacy Overflow Patient List

**Confidential Customer Checklist – (Continued)  
PLEASE RETURN**

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| **Provider Name** | | **Customer Name** | **Customer Address** | **Date of Birth** | **Sex M/F** | **2017 Rx Found** | **Cust Found No 2017 RX** | **Not a Cust** |
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