OMB#: 0935-0118

PHARMACY

Medical Expenditure Panel Survey – Medical Provider Component

Reference #:

Attachment 101 MPC Pharmacy Overflow Patient List

Confidential Customer Checklist – (Continued)

PLEASE RETURN

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