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**

Confidential Customer Checklist – (Continued)

PLEASE RETURN

Attachment 97 Pharmacy Overflow Pt List