



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