 Email: erin@1stpremierins.com

 trudy@1stpremierins.com

**Doctors list**

Name:

Address:

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor** | **Address** | **Phone Number** | **Specialty** |
| Primary Care Physician (PCP) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Office: 253-826-4867 Fax: 253-826-4868**

Email: erin@1stpremierins.com

 trudy@1stpremierins.com

**Prescription list**

Name of Pharmacy and Address:

|  |  |  |  |
| --- | --- | --- | --- |
|  | MEDICATION | DOSAGE | FREQUENCY(state tablet or capsule where applicable) |
| Example | Lisinopril | 20mg | 1 tablet twice daily |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
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| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |

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