

PARTICIPATING PHARMACIES: Please place a check mark in the box for all medications dispensed to the client.

MIGRANT HEALTH SERVICE, INC. \$10 SELF-PAY DRUG PLAN

Please return completed fax to MHSI Central Office (218-236-6507) Attn: Kristi Questions? Please call the local health center or Central Office at 218-236-6502.

Patient Name _____ DOB _____ Gender: M F

Patient ID# _____ Date of service _____ Site _____

Pharmacy _____ Pharmacist signature _____

MHSI Clinician Signature _____ New Rx Refill

APPROVED MEDICATIONS & MAXIMUM QUANTITY
(Pharmacist: Please check all medications dispensed)

- | | | | |
|--------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Alendronate [4] | <input type="checkbox"/> Cyclobenzaprine [30] | <input type="checkbox"/> Lisinopril [30] | <input type="checkbox"/> Poly. B-Trimeth [10 mL] |
| <input type="checkbox"/> Allopurinol [30] | <input type="checkbox"/> Digoxin [30] | <input type="checkbox"/> Lisinopril/HCTZ [30] | <input type="checkbox"/> Potassium chloride [30] |
| <input type="checkbox"/> Alprazolam (no CR) [60] | <input type="checkbox"/> Doxycycline [60] | <input type="checkbox"/> Lovastatin 20mg [30] | <input type="checkbox"/> Propoxy. Nap/APAP [60] |
| <input type="checkbox"/> Amitriptyline [30] | <input type="checkbox"/> E.E.S. 400 tabs | <input type="checkbox"/> Meloxicam [30] | <input type="checkbox"/> Quinapril [60] |
| <input type="checkbox"/> Amlodipine [30] | <input type="checkbox"/> Enalapril [30] | <input type="checkbox"/> Metformin [60] | <input type="checkbox"/> Ramipril [30] |
| <input type="checkbox"/> Amoxicillin caps [40] | <input type="checkbox"/> Estradiol [30] | <input type="checkbox"/> Metformin ER [60] | <input type="checkbox"/> Sertraline [60] |
| <input type="checkbox"/> Atenolol [60] | <input type="checkbox"/> Fluconazole tabs [14] | <input type="checkbox"/> Methyl prednisone [21] | <input type="checkbox"/> Simvastatin [30] |
| <input type="checkbox"/> Atenolol/chlor. [30] | <input type="checkbox"/> Fluoxetine 10, 20mg [30] | <input type="checkbox"/> Metoprolol (no ER) [30] | <input type="checkbox"/> SMZ/TMP [20] |
| <input type="checkbox"/> Azithromycin [6] | <input type="checkbox"/> Fluticasone spray [16 gm] | <input type="checkbox"/> Metronidazole 250, 500mg [30] | <input type="checkbox"/> Terbinafine tabs [14] |
| <input type="checkbox"/> Benazepril tab [30] | <input type="checkbox"/> Furosemide tabs [60] | <input type="checkbox"/> Miconazole vag Cr./supp [100 mg] | <input type="checkbox"/> Tramadol 50mg [60] |
| <input type="checkbox"/> Captopril [60] | <input type="checkbox"/> Glimepiride [60] | <input type="checkbox"/> Mupirocin oint. [22 gm] | <input type="checkbox"/> Trazodone 50mg [30] |
| <input type="checkbox"/> Carbamazepine [60] | <input type="checkbox"/> Glyburide [60] | <input type="checkbox"/> Naproxen [60] | <input type="checkbox"/> Triamterene/HCTZ [30] |
| <input type="checkbox"/> Carvedilol [60] | <input type="checkbox"/> Glyburide/Metformin [30] | <input type="checkbox"/> Omeprazole cap [30] | <input type="checkbox"/> Triamcin. Cr./Oint [80 gm] |
| <input type="checkbox"/> Cephalexin caps [40] | <input type="checkbox"/> HCTZ [30] | <input type="checkbox"/> Paroxetine [30] | <input type="checkbox"/> Warfarin tab [30] |
| <input type="checkbox"/> Ciprofloxacin tabs [20] | <input type="checkbox"/> Hydroxyzine Pam. [30] | <input type="checkbox"/> Penicillin VK tab [40] | <input type="checkbox"/> Zolpidem [30] |
| <input type="checkbox"/> Citalopram tab [60] | <input type="checkbox"/> Ketoconazole Cr. [30] | <input type="checkbox"/> Permethrin Cr. [60 gm] | |
| <input type="checkbox"/> Clonazepam [30] | <input type="checkbox"/> Levothyroxine [30] | <input type="checkbox"/> Piroxicam [30] | |

Patient pays pharmacy \$10 (or less) for 30-day supply for EACH medication

El/la paciente paga \$10 (o menos) a la farmacia por 30 días de CADA medicamento