

PRESCRIPTION COST RECORD

Patient Name: _____

Year: 20____

DATE	MEDICATION / DOSAGE	PHARMACY	INS. PAID	COPAY	TOTAL OUT-OF- POCKET
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DATE	MEDICATION / DOSAGE	PHARMACY	INS. PAID	COPAY	TOTAL OUT-OF- POCKET
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MONTHLY TOTAL					\$
YTD TOTAL					\$