



**US Public Health Service
2005 Pharmacy Component**

Patient Name:	Pharmacy:
Patient ID:	Pharmacy ID:

Data Form

A Part of the Medical Expenditure Panel Survey (MEPS)

□	Date Filled	NDC						Drug Name	Manufacturer	Strength	Unit
	/ /05										
	Quantity	Quantity Unit	Dosage Form	Patient Payment	Type of 3rd Party Payer				3rd Party Payment		
				\$ _____.____					\$ _____.____		

□	Date Filled	NDC						Drug Name	Manufacturer	Strength	Unit
	/ /05										
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