



**US Public Health Service  
2006 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				Strength	Unit	
	/ /06							-						

Quantity	Quantity Unit	Dosage Form	Patient Payment	Type of 3rd Party Payer				3rd Party Payment
			\$____.____					\$____.____

	Date Filled	NDC						Drug Name				Strength	Unit	
	/ /06							-						

Quantity	Quantity Unit	Dosage Form	Patient Payment	Type of 3rd Party Payer				3rd Party Payment
			\$____.____					\$____.____

	Date Filled	NDC						Drug Name				Strength	Unit	
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	Date Filled	NDC						Drug Name				Strength	Unit	
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