



**US Public Health Service
2002 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
	/ /02	□□□□□□	-	□□□□□□	-	□□□□					
	Quantity	Quantity Unit	Dosage Form	Patient Payment	Type of 3rd Party Payer				3rd Party Payment		
				\$____.____					\$____.____		

□	Date Filled	NDC						Drug Name	Manufacturer	Strength	Unit
	/ /02	□□□□□□	-	□□□□□□	-	□□□□					
	Quantity	Quantity Unit	Dosage Form	Patient Payment	Type of 3rd Party Payer				3rd Party Payment		
				\$____.____					\$____.____		

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