

# PRESCRIPTION DRUG SEARCH FORM

PRESCRIPTION NAME	GENERIC Y/N	DOSAGE	AMOUNT/DAY

**WE WILL LOOK UP YOUR PRESCRIPTIONS!**

**EMAIL/FAX TO US AND WE WILL GET RIGHT BACK TO YOU!**

**(561) 658-8480 –OR– [BILL@HEALTHYFLORIDA.COM](mailto:BILL@HEALTHYFLORIDA.COM)**