DOUTHAT INSURANCE

1105 S Wilcox Dr. Kingsport, TN
423-765-9084 | WWW.DOUTHATINSURANCE.COM

Name: _____ Date: _____

Address: _____ DOB: _____

_____ EFF DATE: _____

Phone: _____ Cell: _____

EMAIL: _____

Medicare ID: __ __ __ __ - __ __ __ - __ __ __ __ Part A Eff Date: _____Part B Eff Date: _____

MEDICAL PROVIDERS:

PCP: _____

Cardiology: _____

Rheumatology: _____

Dermatology: _____

Orthopedic: _____

Pulmonologist: _____

Endocrinologist: _____

Oncology: _____

Neurology: _____

Urology: _____

Nephrology: _____

Gastroenterology: _____

OBGYN: _____

Podiatrist: _____

Allergy: _____

Surgeon: _____

Chiropractor: _____

Eye: _____

Dental: _____

DME: C-pap _____

Bipap: _____

Oxygen: _____

Insulin Pump or Glucose Monitor: _____

Wheelchair: _____

Prosthesis: _____

Other: _____

Hospital Other Than Ballad: _____

_____

Preferred or Current **Pharmacy:** _____

MEDICATIONS:
Please indicate any of the medications below you are currently using. Please include dosage and how often taken.

Albuterol	Losartan
Alprazolam	Meloxicam
Amlodipine	Metformin
Atorvastatin	Metoprolol Succinate
Breo	Metoprolol Tartrate
Bupropion	Montelukast
Carvedilol	Mounjaro
Citalopram	Novolog
Clopidogrel	Omeprazole
Diazepam	Ozempic
Duloxetine	Pantoprazole
Eliquis	Potassium Chloride
Escitalopram	Pravastatin
Estradiol	Propranolol
Famotidine	Rosuvastatin
Furosemide	Seroquel
Gabapentin	Sertraline
Humalog	Simvastatin
Hydrochlorothiazide	Spiriva
Hydrocodone-acetaminophen	Symbicort
Isosorbide mononitrate	Toujeo
Jardiance	Trazodone
Lantus	Trelegy
Levothyroxine	Trulicity
Lisinopril	Xarelto
Lorazepam	Zolpidem

Please list any other medications you are currently taking that are not on the list above. Include dosage and frequency:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____