

2023/2024 Prescriptions

16414 San Pedro Ave., Suite 665, San Antonio, TX 78232

P. 210-545-0667

F. 210-545-3766

insureme@zinninsurance.com



Your Name:		Date of Birth:	
Your Phone Number:		Your Zip Code:	
Name of the Pharmacy(ies) You use:			

PLEASE FILL OUT FORM AS CLEARLY AS POSSIBLE!

Please list ALL medications that you take THROUGHOUT THE YEAR and either upload, fax or email the form back to us.

Name of Medication <i>if you are taking generic medication, please only include the generic name</i>	Generic? Y / N	Dosage	Number of times a day you take the drug	Frequency of Refills 30, 60 or 90 Days	Retail (R) Mail Order (MO) Canada (C) <i>select one</i>	Condition(s) for which meds are prescribed for?	Name of person taking this medication
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Please DO NOT include over the counter medications (OTC) and/or vitamins. If you have more medications, please make a second copy of this form
 If you take a prescription that is "AS NEEDED" include on this for with frequency noted as 12 months.

I DO NOT TAKE ANY PRESCRIPTION MEDICATIONS

2025 Doctors

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Your Name:		Date of Birth:	
Your Phone Number:		Your Zip Code:	

PLEASE FILL OUT FORM AS CLEARLY AS POSSIBLE!

Please list all doctors and specialists you see and either upload, fax or email the form back to us.

Dr.'s First Name	Dr.'s Last Name	City, State, Zip Code	Phone	Specialty	Name of Person Who Sees this Doctor

I DO NOT SEE ANY DOCTORS REGULARLY