Mediqwest®
Medicare Simplified

1401 Tower Ave, Suite 201 • PO Box 128 • Superior, WI 54880 • 715-392-3123 or 888-880-5505 • **mediqwest.com**

RX REVIEW FORM FOR PLAN YEAR 2025

Name _____ Zip Code _____ County_____

Current Plan(s) _____

Preferred Pharmacy _____

Current Health System(s) / Doctor(s) _____

_____

Email _____

Mediqwest Agent Name _____

Note on Privacy and Data Security: Mediqwest takes your privacy seriously! We have policies & procedures in place to protect your information. We will complete your review anonymously. We will not share your information with any other entity. Your information will be used ONLY to advise you on the best value plan for you.

Medication	Dose	Frequency

(USE BACK IF NECESSARY) SEE BACK _____

Medication	Dose	Frequency