

## Pharmacy Interview Sheet

Agent Name:.....

NPN:.....

Appointment Date:.....

Pharmacy Name:.....

Store Manager:.....

Pharmacist(s) Name(s):.....

Address:.....

City:..... State:..... Zip:.....

Phone Number:..... E-mail:.....

NCPDP:..... NABP:.....

### Pharmacy Information:

1. How many Medicare patient scripts do you fill on average?

.....  
2. What kind of patient inquiries do you typically get regarding Medicare?

.....  
3. What day/times do the Medicare-eligible typically visit the store?

### In-Store Information:

1. Start Date: .....

2. Days in Store:..... Hours:.....

### In-Store Checklist:

- Locate table and chairs for in-store
- Finalize location for in-store
- Retrieve marketing materials shipped directly to store

.....  
Store Manager/Pharmacist Signature ▲

Date: .....

▶ Fax Form (no cover sheet needed) to: 855-764-7424

▶ Or E-Mail Form: [scheduling@smartdrxagent.com](mailto:scheduling@smartdrxagent.com)