

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