



**Total Benefit Solutions Inc
Doctor & RX Drug Search Form**

Please fax this form back to
(888)287-3186

Please tell us where to return the form to:

Your Name or initials: _____

Plan/s You Are Considering: _____

	Doctor First Name	Doctor Last Name	Practice Name if Applicable	Specialty if Applicable	Address (Town)
1					
2					
3					
4					
5					
6					
7					

	RX Drug Name
1	
2	
3	
4	
5	
6	
7	

RX Drug Name

HOSPITAL

Notes: