



OFFICE 941.907.4300  
FAX 941.907.4301  
WWW.BAACKEIFS.COM

7261 DELAINEY COURT  
SARASOTA, FLORIDA 34240  
PLAN RIGHT, RETIRE WELL.

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Current Rx Plan \_\_\_\_\_

Preferred Pharmacy \_\_\_\_\_

Second Preferred Pharmacy \_\_\_\_\_

Who is your agent *(Please circle their name)?*

Brian Baacke      Karin Botelho      Bret Fuller      Crystal Sudbury      Kelli Soukup

\*\*Please include all prescriptions below. If you use drops, creams, ointments, insulin (pens or vials) or inhalers, please list under quantity taken daily how often and what size packaging you refill and the frequency. For insulin, how many pens or vials you use each month?

For example: **\*Use NB for Name Brand Only\***      **\*Circle one: 30 Day or 90 Day Supply\***

Rx Name ABC cream      Strength 15%      How many/day 30 gram tube 3 months

Rx Name Simvastatin      Strength 20mg      How many/day 1

Rx Name Fluticasone Nasal      Strength 50 mcg      How many/day 16 gram bottle/month

Rx Name Novolin (NB)      Strength 70/30 INJ      How many/day 1

Rx Name \_\_\_\_\_      Strength \_\_\_\_\_      How many/day \_\_\_\_\_

Rx Name \_\_\_\_\_      Strength \_\_\_\_\_      How many/day \_\_\_\_\_

Rx Name \_\_\_\_\_      Strength \_\_\_\_\_      How many/day \_\_\_\_\_

Rx Name \_\_\_\_\_      Strength \_\_\_\_\_      How many/day \_\_\_\_\_

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Rx Name \_\_\_\_\_ Strength \_\_\_\_\_ How many/day \_\_\_\_\_

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Please return the completed form to **Baacke Insurance & Financial Services** by mail or fax:

**Address:** 7261 Delainey Court, Sarasota FL 34240

**Fax:** 941-907-4301

**Questions or concerns please contact us at 941-907-4300 or [info@baackeifs.com](mailto:info@baackeifs.com)**

***If you have family, friends, co-workers that would like help,  
please have them contact us.***

***We are happy to help!***