Paragon Health Advisors

Tele: (561) 453-3395 Address: 601 S. Federal Hwy, Suite 110, Boca Raton, FL 33432

Client Information Form

Please complete this form to ensure your prescriptions, doctors, and contact information are up to date for 2024. Please save the completed form and send it to us via email at service@acbs-llc.com. Alternatively, you can mail it to the above address.

Name	Date of Birth	
Address		
Mailing Address (if Different)		
Email	Home:	Cell:
Insurance & P	hysician's Information	
Medicare Number	MEDICAID	
Medicare Effective Dates: Part A	Part B	
Present Coverage		
Are you satisfied with your current insur	ance policy?	
PRIMARY CARE DOCTOR		
SPECIALIST		

Preferred Pharmacy

Medication Information

MEDICATION

DOSAGE [ex 20MG]

QTY & FREQUENCY