Kentucky Retirement Systems
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Form 8040
Revised 10/2005

Prescription and Nonprescription Medications

Member Information

Member Name:			Member ID:
Address:	City:	State:	Zip Code:

Prescription Medications

Medicine Name	Dosage	Times/Day	Reason for Medicine	Prescribing Physician

Nonprescription Medications

Medicine Name	Dosage	Times/Day	Reason for Medicine	Prescribing Physician

Signature: _____ Date: _____