PLUMBERS & STEAMFITTERS LOCAL 106
HEALTH & WELFARE FUND
822 N. LAKESHORE DRIVE
LAKE CHARLES, LOUISIANA 70601

DRUG PURCHASE STATEMENT

Insured's Name_____

S.S.#_____

Note: Please Use One Form Per Family Member

DRUG RECEIPTS REQUIRED FOR PAYMENT

Prescription Number	Date	Patient's Name	Doctor's Name	Drug	Charge

The above statement includes only charges for prescriptions drugs specifically prescribed for the patient named.

DRUG STORE:_____ BY:_____

ADDRESS:_____ DATE:_____