Mid-Year Review

Please print clearly. One line per medication.

Requested deadline: September 21st, 2026

Name | **Date of birth** | **Today's date**

Pharmacy name | **Pharmacy city** | **Hospital name** | **Hospital city**

Doctors (primary care + up to 3 specialists — additional ones go in Remarks)

	Doctor name	Specialty	City / location
Primary care			
Specialist 1			
Specialist 2			
Specialist 3			

List every prescription you currently take, including injectables and inhalers.

If you have a printout from your pharmacy, you can upload that instead.

Medication name	Dosage (strength, e.g. 20 mg)	Form (tablet · capsule · injectable · inhaler · liquid · patch)	Per day (how many)	Day supply (30 / 90)	Prescriber (optional)

Additional medications? List them in the Remarks section on page 2 or fill out another form if you have many more.

Five easy ways to get this to us:

- **Ask your pharmacy for a current, detailed medication list and send that instead**
- **Drop it off at the office or Mail it**
- **Upload it on our web site at https://www.ibcneosho.com/midyearreview**
- **Call us at 417-355-2523 and we'll fill it in with you**
- **Text a photo of your medication list to 417-451-4244**

Remarks / Additional Information

Additional specialists, allergies, extra medications, recent changes, or anything else we should know.

For your security, please don't email this form or personal health information back to us — email isn't secure. The website link and file upload feature on our site are secure ways to send your information. ***Https://www.ibcneosho.com/midyearreview***