



# Prescription Drug Claim Form



- Cardholder's (insured)
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If you have any questions, please call RESTAT's

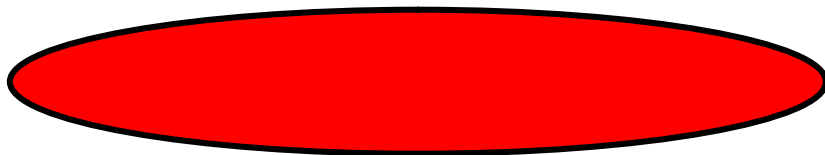


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**Patient's Date of Birth**

**Note:**

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