

**Comanche Nation**  
**Prescription Assistance Program**  
**P.O. Box 908 Lawton, OK 73502**  
**580-492-6434**

Date \_\_\_\_\_

Name \_\_\_\_\_ CDIB \_\_\_\_\_

If child, what is parents name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ age \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

Hospital/Clinic \_\_\_\_\_ Physician \_\_\_\_\_

Diabetic Y \_\_\_\_\_ N \_\_\_\_\_

Medical problem \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assistance requesting:**

Medication \_\_\_\_\_ Nutrition Supplement \_\_\_\_\_ Other \_\_\_\_\_

Medical supplies \_\_\_\_\_ Lice Cure \_\_\_\_\_

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_