

Patient Information

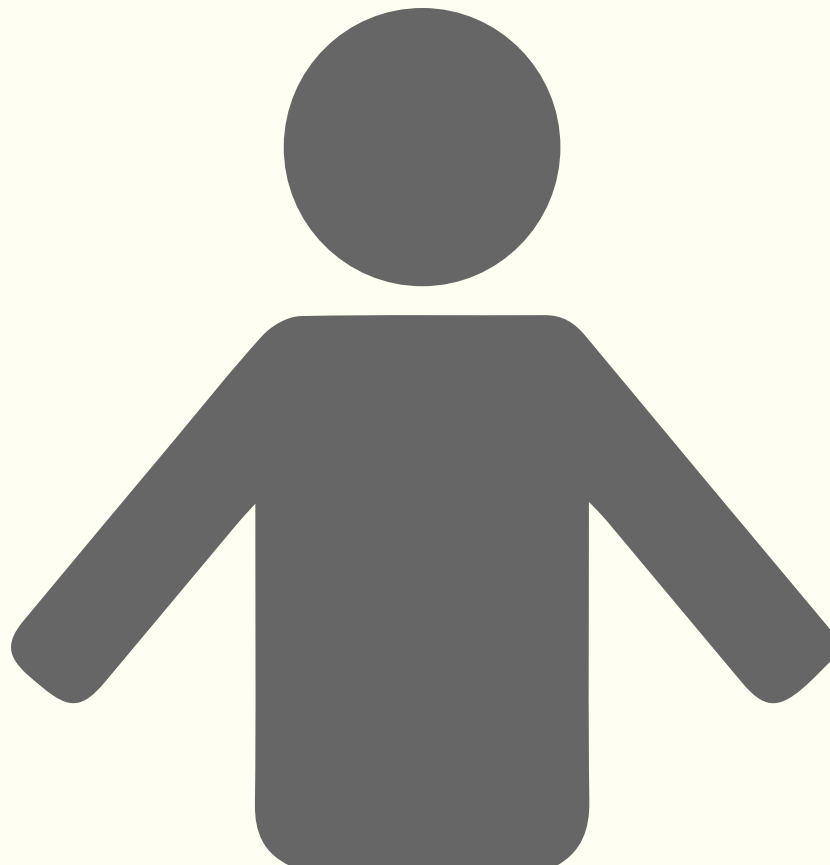


THIS INFORMATION IS CONFIDENTIAL

Name: _____ D.O.B. _____

Height: _____ Weight: _____ lbs Blood Pressure: _____

Please mark where patient is experiencing symptoms:



DOCTOR NOTES



PRESCRIPTION

Medication: _____

QTY: _____

Special Instructions: _____

Use by: _____

Signature



PRESCRIPTION

Medication: _____

QTY: _____

Special Instructions: _____

Use by: _____

Signature



PRESCRIPTION

Medication: _____

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Special Instructions: _____

Use by: _____

Signature



PRESCRIPTION

Medication: _____

QTY: _____

Special Instructions: _____

Use by: _____

Signature

Print medication and vitamin labels, cut and attach to empty vitamin or prescription medicine bottles.



PH. 1-800-695-4500
4344 Eight Ave.
New York, NY 10025

RX: 1092

Doe, John
1265 Bank St.
Ashland, OH 44843

Take 1 tablet three times daily with water.

Penicillin

5 Refills remaining before 6/16/2019
QTY: 75



PH. 1-800-695-4500
4344 Eight Ave.
New York, NY 10025

RX: 1093

Doe, Jane
50 East Elm St
Ashland, OH 44843

Take 1 tablet three times daily with water.

Penicillin

5 Refills remaining before 6/16/2019
QTY: 75



PH. 1-800-695-4500
4344 Eight Ave.
New York, NY 10025

RX: 1094

Smith, Paul
636 First Ave.
Ashland, OH 44843

Take 1 tablet three times daily with water.

Penicillin

5 Refills remaining before 6/16/2019
QTY: 75



PH. 1-800-695-4500
4344 Eight Ave.
New York, NY 10025

RX: 1095

Smith, Paulina
77 Main St Apt 2
Ashland, OH 44843

Take 1 tablet three times daily with water.

Penicillin

5 Refills remaining before 6/16/2019
QTY: 75



PH. 1-800-695-4500
4344 Eight Ave.
New York, NY 10025

RX: 1096

Jones, Dan
160 Claire St
Ashland, OH 44843

Take 1 tablet three times daily with water.

Penicillin

5 Refills remaining before 6/16/2019
QTY: 75



PH. 1-800-695-4500
4344 Eight Ave.
New York, NY 10025

RX: 1097

Doe, John
1265 Bank St.
Ashland, OH 44843

Take 1 tablet three times daily with water.

Penicillin

5 Refills remaining before 6/16/2019
QTY: 75



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