



PRINT LABEL/NAME

FOR PHARMACY USE:

Allergies \_\_\_\_\_  
 Wt/Diagnosis \_\_\_\_\_  
 Mfctr/NDC \_\_\_\_\_  
 Lot/Exp \_\_\_\_\_  
 Tech Fill \_\_\_\_\_  
 RPh Check \_\_\_\_\_  
 RPh QA Check \_\_\_\_\_

**BUETOW, ROY D** **M**  
**0274 15 50 4 2354 03/11/1961**  
**KAISER, JENNIFER E** **TW**  
**GALBRAITH, ERIN M** **J31**  
**51Y 12/24/12** **PRO**

ADDRESS: \_\_\_\_\_

7 DAY REMINDER BOX

EASY OPEN CAP  PT. SIGNATURE: \_\_\_\_\_

DRUG: \_\_\_\_\_ QTY: \_\_\_\_\_

SIG: *Mr. Buetow had a coronary  
 angiogram on 12/29/12. Should  
 not return to work for 1 week  
 451-326-2328*

REFILL

1 2 3 \_\_\_\_\_

PH8105 12/2008

SIGNATURE: *[Signature]* MD

PRINT: *Christin Romcal* MD

Date: \_\_\_\_\_ DEA#: \_\_\_\_\_