

Who is as interested in your medicines as you are?

Your pharmacist

Did you know 50% of people are not taking their medicines correctly? Ask your pharmacist about yours today

The image shows a medical prescription form with a large question mark in the center. The form is tilted and has the following fields filled out:

Prescriber Stamp	Age D.S.A	Title, Initial Mr. V. Mead 2, Herbert Gardens St Albans Herts.
Number of days' treatment N.S. Enter date if stated	Dr. Signature	
Signature of Prescriber <i>Dr. T. Cardy</i>		Date Winter
Dr. T. Cardy AYP Surgery Hemel Hempstead Herts.		



Ask your pharmacist

