

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.

Pharmacy Stamp

Age

Title, Forename, Surname & Address

D.o.B

Mr Andy Patient
2, The Street
Townsville
Countyshire

Please don't stamp over age box
Number of days' treatment
N.B. Ensure dose is stated

Endorsements

Signature of prescriber

Date

Winter

For dispenser
No. of
Prescs.
on form

1

Dr. T Physician
Main Road Surgery
Townsville
Countyshire

NHS PATIENTS - please read the notes overleaf



askyourpharmacist.co.uk

