

# How to read your medicine label

Pharmacy name  
and address

Number used by  
the drugstore to  
identify this drug  
for your refills

Person who gets  
this drug

Instructions about  
how often and  
when to take this  
drug

Name of drug and  
strength of drug

Number of refills  
before certain  
date

Doctor's name

Drugstore phone  
number

Prescription fill  
date



**Local Pharmacy**

123 MAIN STREET  
ANYTOWN, USA 11111

**(800) 555-5555**

DR C. JONES

NO 0060023-082981

DATE 06/23/18

**JANE SMITH**

456 MAIN STREET ANYTOWN, US 11111

**TAKE ONE CAPSULE BY MOUTH THREE  
TIMES DAILY FOR 10 DAYS UNTIL ALL TAKEN**

**AMOXICILLIN 500MG CAPSULES**

QTY

MRG

NO REFILLS - DR. AUTHORIZATION REQUIRED

USE BEFORE 06/23/18  
SLF/SLF

Rx ONLY



**SPECIAL  
INSTRUCTIONS**

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Don't use this drug past this date