

Transition Exercise: Pharmacy Information

Name	Address:	Phone:		Fax:			
Maybe you doctor's of	t : Be sure to call in a ur medicine has to b ffice will have to cal c refills, use it. This	e ordered. Maybe y l the pharmacy. If	you are out	-			
How do I refill my prescription? ————————————————————————————————————							
Who do I call when I'm out of refills?							
	of my medicine is s						
I take this	medicine medicine at	a.m./p.m.					
	of my medicine is s						
I take this I take this	medicine medicine at	_time(s) each day _a.m./p.m.	(or	a.m./p.m.			
	Child to	_a.m./p.m. Adult Care Transitic		a.m./p.m.			

The name of my medicine is			
My dose is			_
I take this medicine	_time(s) each day (or		_)
I take this medicine at	_a.m./p.m.		_a.m./p.m.
	_a.m./p.m.		_a.m./p.m.

More Important Things To Know!

- If you do not understand something about your medicine ask your pharmacist or doctor.
- Most medicines come with a list of side effects and warnings. Review this info before taking this medicine. This also is true for over the counter medicine.
- Does your refill look different than it used to? Ask your pharmacist about it before taking it. Often generic medicine changes how it looks because it is made by a different company. But it is important to check on this in case there is a mistake.

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