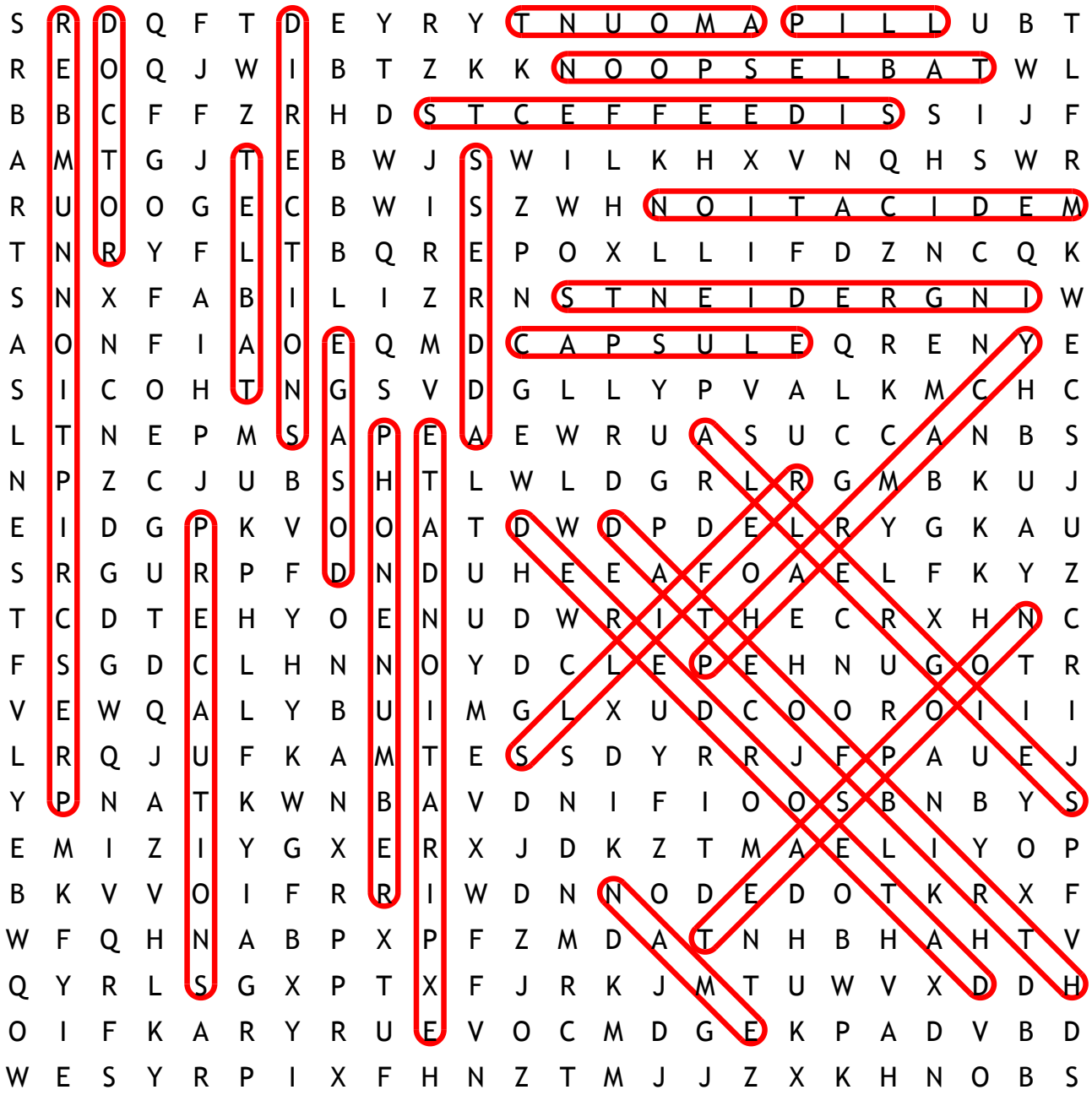
Name: _____ Date: _____

whats on a medication bottle



prescription number
phone number
tablespoon
pharmacy
capsule
dosage
expiration date
side effects
directions
teaspoon
amount
pill
date of birth
ingredients
medication
refills
doctor
name
date ordered
precautions
allergies
address
tablet