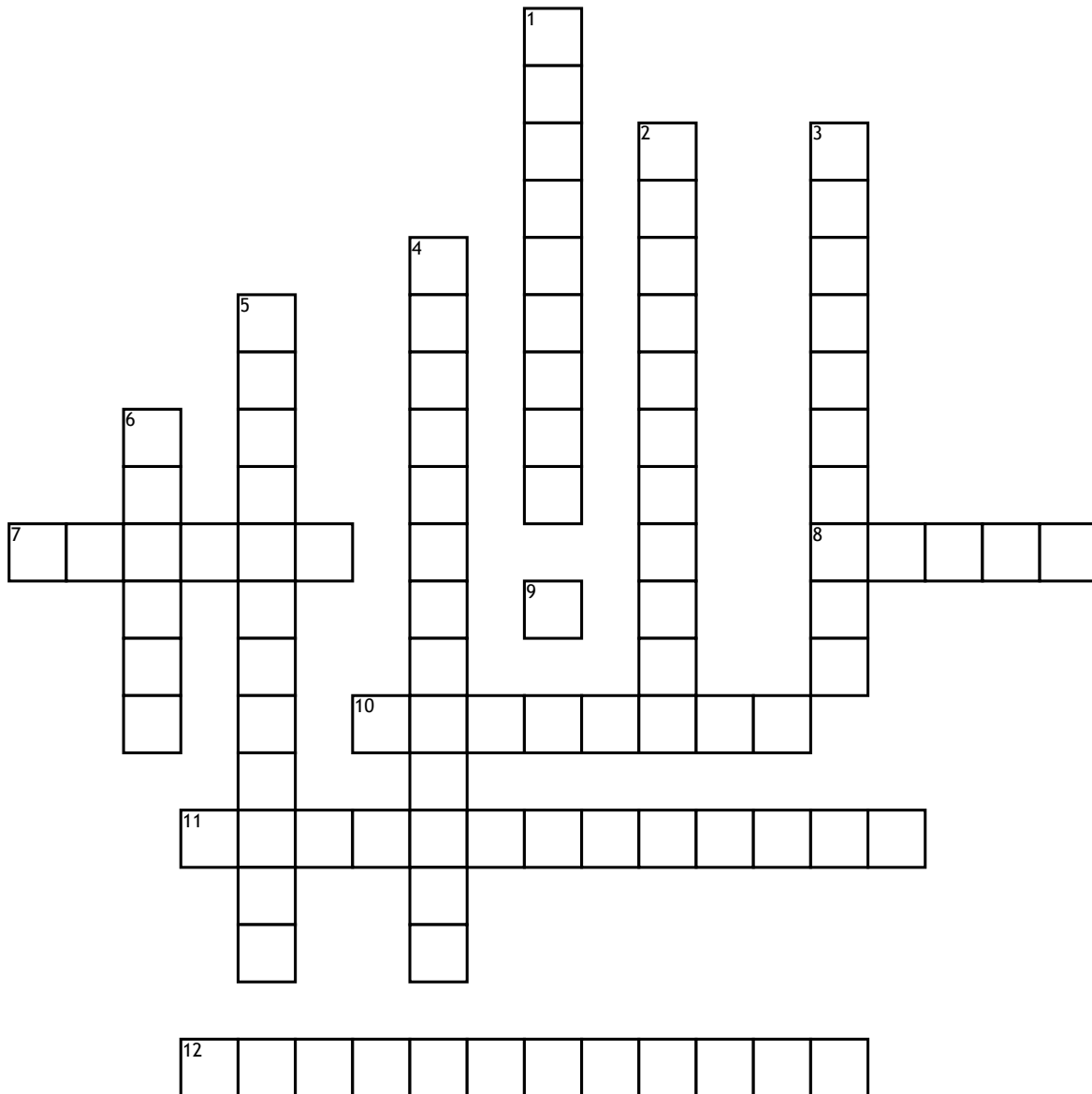


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Prescription label



## Across

- 7. Rx fill date
- 8. strength of drug
- 10. Doctor's name
- 11. Rx address
- 12. Rx instruction on taking meds

## Down

- 1. patients name
- 2. name of prescription
- 3. Rx phone number
- 4. Rx name

5. refill Rx number

6. expiration date

9. numbers of refills