

Name: _____

Date: _____

whats on a medication bottle

S R D Q F T D E Y R Y T N U O M A P I L L U B T
R E O Q J W I B T Z K K N O O P S E L B A T W L
B B C F F Z R H D S T C E F F E E D I S S I J F
A M T G J T E B W J S W I L K H X V N Q H S W R
R U O O G E C B W I S Z W H N O I T A C I D E M
T N R Y F L T B Q R E P O X L L I F D Z N C Q K
S N X F A B I L I Z R N S T N E I D E R G N I W
A O N F I A O E Q M D C A P S U L E Q R E N Y E
S I C O H T N G S V D G L L Y P V A L K M C H C
L T N E P M S A P E A E W R U A S U C C A N B S
N P Z C J U B S H T L W L D G R L R G M B K U J
E I D G P K V O O A T D W D P D E L R Y G K A U
S R G U R P F D N D U H E E A F O A E L F K Y Z
T C D T E H Y O E N U D W R I T H E C R X H N C
F S G D C L H N N O Y D C L E P E H N U G O T R
V E W Q A L Y B U I M G L X U D C O O R O I I I
L R Q J U F K A M T E S S D Y R R J F P A U E J
Y P N A T K W N B A V D N I F I O O S B N B Y S
E M I Z I Y G X E R X J D K Z T M A E L I Y O P
B K V V O I F R R I W D N N O D E D O T K R X F
W F Q H N A B P X P F Z M D A T N H B H A H T V
Q Y R L S G X P T X F J R K J M T U W V X D D H
O I F K A R Y R U E V O C M D G E K P A D V B D
W E S Y R P I X F H N Z T M J J Z X K H N O B S

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