

Sample Medications Label - SAMPLE

Prescriber Name Date Filled:

Telephone Number Quantity:

Patient Name Birthdate:

Medication Name, Strength and Dosage Form

Expiration Date:

Directions: (include route of administration, frequency of administration, reason for taking the

medication, special precautions)

Example

John Smith, MD Date Filled: 1/1/15

(555) 123-4567 Quantity: 50

Jane Doe Birthdate: 1/1/50

Lipitor 10 mg tablet

Expiration Date: 2/1/17

Directions: Take 1 tablet by mouth in the morning. Take 1 tablet by mouth in the evening. Take

every day to treat cholesterol. Do NOT eat grapefruit or drink grapefruit juice at any time.

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