Label #1
Drug_____Strength_____

Lot#_____Exp:_____

Quantity_____Date_____

Label #1
Drug_____Strength_____

Lot#_____Exp:_____

Quantity_____Date_____

Label #1
Drug_____Strength_____

Lot#_____Exp:_____

Quantity_____Date_____

Label #1
Drug_____Strength_____

Lot#_____Exp:_____

Quantity_____Date_____

Label #1
Drug_____Strength_____

Lot#_____Exp:_____

Quantity_____Date_____

Label #1
Drug_____Strength_____

Lot#_____Exp:_____

Quantity_____Date_____

Label #1
Drug_____Strength_____

Lot#_____Exp:_____

Quantity_____Date_____

Label #1
Drug_____Strength_____

Lot#_____Exp:_____

Quantity_____Date_____

Label #1
Drug_____Strength_____

Lot#_____Exp:_____

Quantity_____Date_____

Label #1
Drug_____Strength_____

Lot#_____Exp:_____

Quantity_____Date_____

Label #2
Drug_____Strength_____

Lot#_____Exp:_____Chart#_____

Quantity_____Date_____

Label #2
Drug_____Strength_____

Lot#_____Exp:_____Chart#_____

Quantity_____Date_____

Label #2
Drug_____Strength_____

Lot#_____Exp:_____Chart#_____

Quantity_____Date_____

Label #2
Drug_____Strength_____

Lot#_____Exp:_____Chart#_____

Quantity_____Date_____

Label #2
Drug_____Strength_____

Lot#_____Exp:_____Chart#_____

Quantity_____Date_____

Label #2
Drug_____Strength_____

Lot#_____Exp:_____Chart#_____

Quantity_____Date_____

Label #2
Drug_____Strength_____

Lot#_____Exp:_____Chart#_____

Quantity_____Date_____

Label #2
Drug_____Strength_____

Lot#_____Exp:_____Chart#_____

Quantity_____Date_____

Label #2
Drug_____Strength_____

Lot#_____Exp:_____Chart#_____

Quantity_____Date_____

Label #2
Drug_____Strength_____

Lot#_____Exp:_____Chart#_____

Quantity_____Date_____

Label #3
Drug_____ Date _____

Directions_____

Diagnosis_____Provider_____

Label #3
Drug_____ Date _____

Directions_____

Diagnosis_____Provider_____

Label #3
Drug_____ Date _____

Directions_____

Diagnosis_____Provider_____

Label #3
Drug_____ Date _____

Directions_____

Diagnosis_____Provider_____

Label #3
Drug_____ Date _____

Directions_____

Diagnosis_____Provider_____

Label #3
Drug_____ Date _____

Directions_____

Diagnosis_____Provider_____

Label #3
Drug_____ Date _____

Directions_____

Diagnosis_____Provider_____

Label #3
Drug_____ Date _____

Directions_____

Diagnosis_____Provider_____

Label #3
Drug_____ Date _____

Directions_____

Diagnosis_____Provider_____

Label #3
Drug_____ Date _____

Directions_____

Diagnosis_____Provider_____

Label #3
Drug_____ Date _____

Directions_____

Diagnosis_____Provider_____