

PRESCRIPTION

4 HEALTH

Patient Name _____ Date _____



- Why am I taking It?
- How do I know it is working?
- When and How Do I Take It?
- Who do I ask if I have a question?



THIS PRESCRIPTION WILL BE FILLED GENERICALLY PRESCRIBER WILL BE RESPONSIBLE FOR ANY CHANGES

For Further Information about
Prescription 4 Health visit our website
www.nwbchcc.org/rx4health