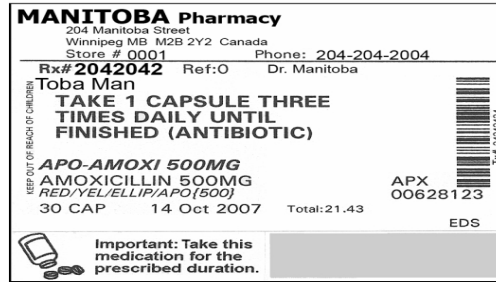


Name _____

Date _____

Read Prescription Drug Label

Using the sample label provided, answer the following questions to determine what important information must be included on a prescription drug label!



MANITOBA Pharmacy
204 Manitoba Street
Winnipeg MB M2B 2Y2 Canada
Store # 0001 Phone: 204-204-2004

Rx# **2042042** Ref: 0 Dr. Manitoba
Toba Man

**TAKE 1 CAPSULE THREE
TIMES DAILY UNTIL
FINISHED (ANTIBIOTIC)**

APO-AMOXI 500MG
AMOXICILLIN 500MG
RED/YEL/ELLIP/APO{500}

KEEP OUT OF REACH OF CHILDREN

APX 00628123
30 CAP 14 Oct 2007 Total: 21.43 EDS

Important: Take this medication for the prescribed duration.

1. What is the name of the pharmacy?
.....
2. What is the address of the pharmacy?
.....
3. What is the store number of the pharmacy?
.....
4. What is the phone number of the pharmacy?
.....
5. What is the prescription number?
.....
6. What is the physician's name?
.....
7. What is the date that the prescription was filled?
.....