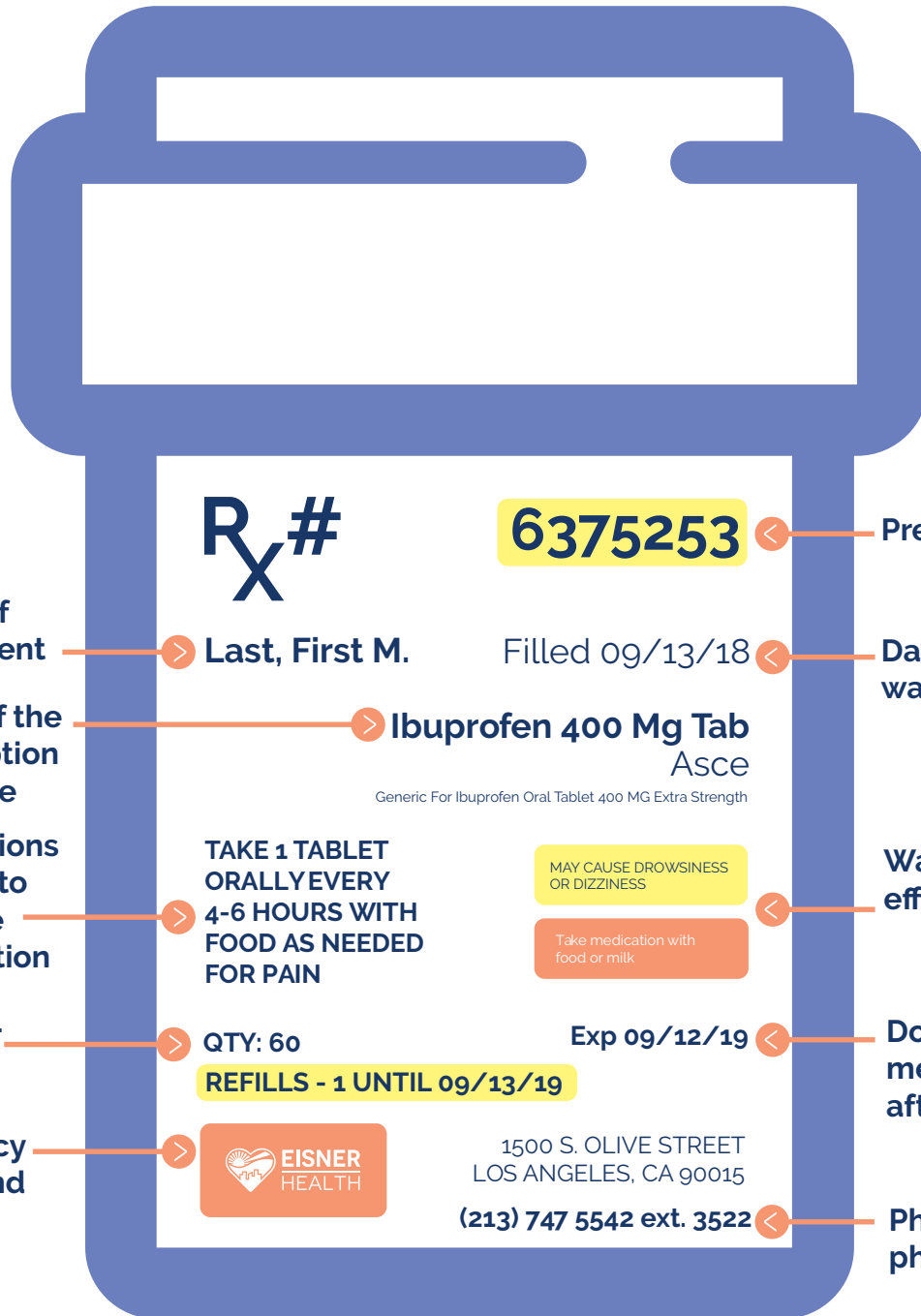


# How to read a prescription label



Name of the patient

➤ Last, First M.

Filled 09/13/18

Prescription number

6375253

Name of the prescription and dose

➤ Ibuprofen 400 Mg Tab  
Asce

Date prescription was filled

Instructions on how to take the medication

➤ TAKE 1 TABLET  
ORALLY EVERY  
4-6 HOURS WITH  
FOOD AS NEEDED  
FOR PAIN

MAY CAUSE DROWSINESS  
OR DIZZINESS

Warnings and side effects

Take medication with  
food or milk

Number of refills

➤ QTY: 60

Exp 09/12/19

Do not use the medication after this date

REFILLS - 1 UNTIL 09/13/19

Pharmacy name and address



1500 S. OLIVE STREET  
LOS ANGELES, CA 90015

(213) 747 5542 ext. 3522

Pharmacy phone number



eisnerhealth.org

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