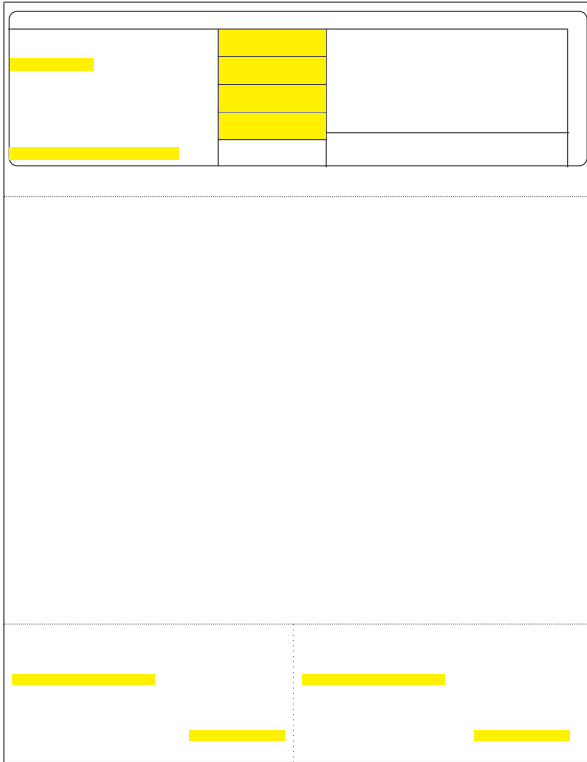
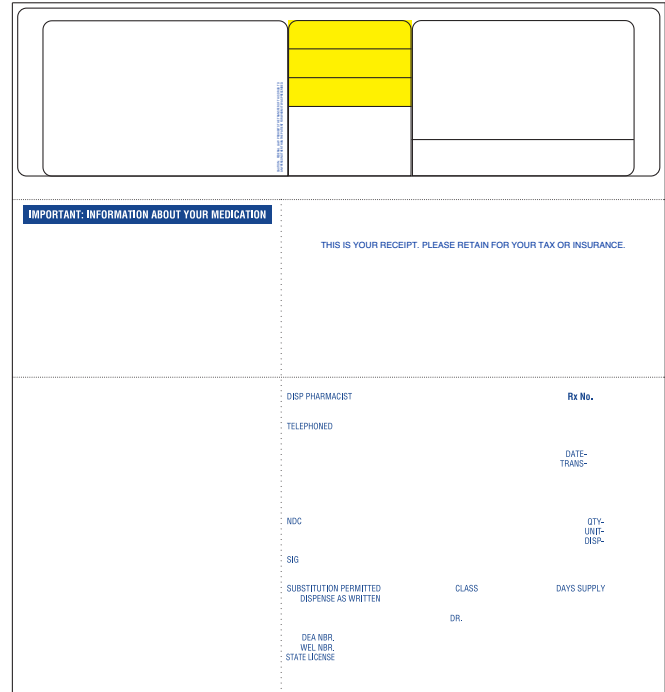


**LASER
 LDW #5
 8 1/2" X 11"**



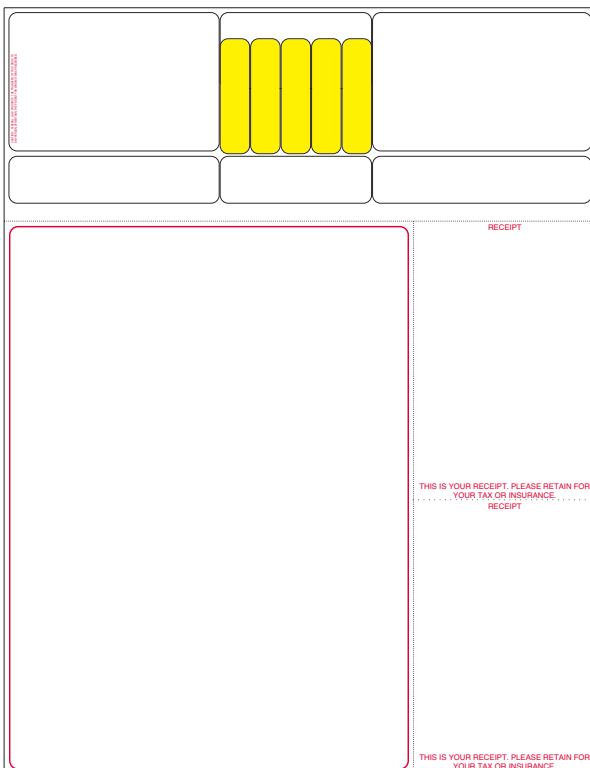
Receipt template for LASER LDW #5, 8 1/2" X 11". The form features a header section with a large blank area on the left and a grid of yellow bars on the right. Below the header is a large, empty rectangular area for notes or additional information. At the bottom, there are three horizontal yellow bars.

**LASER
 LDW #7
 8 1/2" X 9"**



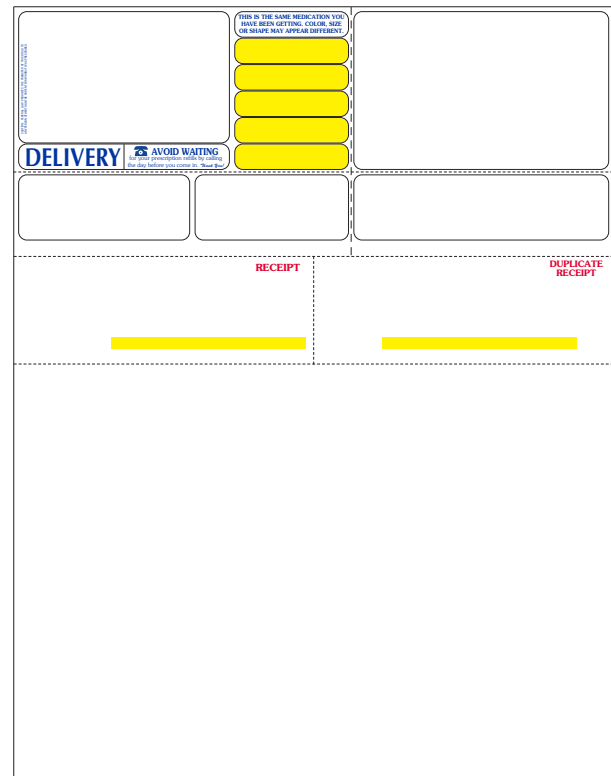
Receipt template for LASER LDW #7, 8 1/2" X 9". The form includes a header with a grid of yellow bars. Below the header is a section titled "IMPORTANT: INFORMATION ABOUT YOUR MEDICATION" with the instruction "THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE." The main body of the form contains fields for "DISP PHARMACIST", "Rx No.", "TELEPHONED", "DATE-TRANS-", "NDC", "QTY-UNIT-DISP-", "SIG", "SUBSTITUTION PERMITTED (DISPENSE AS WRITTEN)", "CLASS", "DAYS SUPPLY", "DR.", and "DEA NBR, WEL NBR, STATE LICENSE".

**LASER
 LDW #9
 8 1/2" X 11"**



Receipt template for LASER LDW #9, 8 1/2" X 11". The form has a header with a grid of yellow bars. Below the header is a large, empty rectangular area for notes. On the right side, there is a vertical section labeled "RECEIPT" with the instruction "THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE." repeated twice.

**LASER
 LDW #23A
 8 1/2" X 11"**



Receipt template for LASER LDW #23A, 8 1/2" X 11". The form includes a header with a grid of yellow bars. Below the header is a section titled "DELIVERY" with a sub-section "AVOID WAITING" and the text "If you are unable to pick up your medication, please call us at 800-543-7155." Below this is a section labeled "RECEIPT" with the instruction "THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE." and a sub-section labeled "DUPLICATE RECEIPT".