































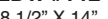





























































































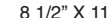
























































































**LASER
LDW #7**
8 1/2" X 9"

                                                                                	
<p><small>THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.</small></p>	
<p>IMPORTANT: INFORMATION ABOUT YOUR MEDICATION</p>	
<p><small>THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.</small></p>	
<p>DISP PHARMACIST</p> <p>TELEPHONE</p> <p>NDC</p> <p>SG</p> <p>SUBSTITUTION PERMITTED OR AS WRITTEN</p> <p>DEA NBR. WEI NBR. STATE LICENSE</p>	<p>Rx No.</p> <p>DATE- TRANS-</p> <p>QTY- UNITS- DISP-</p> <p>CLASS</p> <p>DAYS SUPPLY</p> <p>DR.</p>







































**LASER
LDW #7L**
8 1/2" X 11"

                                                                                    	
<p><small>THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.</small></p>	

**LASER
LDW #14L**
8 1/2" X 14"

                                              	
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**LASER
LDW #14**
8 1/2" X 11"

                                     	
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