

## MEDICINAL PHARMACY

No 003861000-8391

500MG CAPSULES. NO REFILLS

TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY FOR 10 DAYS UNTIL ALL TAKEN

CAUTION: THIS PRESCRIPTION IS INTENDED FOR THE PATIENT NAME ONLY

**I DON'T WANT TO BE LABELED.  
I WANT TO BE HEARD.**

RX# 987654321

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- Prevention and Early Intervention
- Outpatient Services • Therapeutic Care
- Intensive Day Treatment Programs
- Crisis Services • Consultation Services

**In a world of confusion and despair it's  
good to know there's someone to turn to.**

To arrange a consultation call **555.543.5432**  
For information visit [www.yourwebsitehere.com](http://www.yourwebsitehere.com)

 **Therapy**  
+counseling

Treatment of Adolescent Behavioral and Emotional Disorders

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