WAITING

TU 1

Promised: 12/7/22, **7:25 PM**

Scripts: 01

27 1479197 000 002 00 0000000

Tubaugh, Jason E

101 Brown St, Scio, OH 43988

DOB: 11/71 TEL:

Prescription Information

MORNING
MIDDAY
EVENING
BEDTIME
SEE DIRECTIONS

▲ PHARMACY ADVICE*
See back for more information

IC CYCLOBENZAPRINE 10 MG TABLET

Common brand(s): Flexeril

Take 1/2 tablet by mouth three times daily as needed for muscle spasm or pain.

Important Information
- May cause drowsiness. Use care when operating a vehicle, vessel or machine.
- This medication may cause dizziness.

Receipt & Refill Information

CVS Pharmacy STORE#: 4353
300 Oxford St.,
Dover, OH 44622

STORE TEL: (330) 364-7508
RX: **1479197** 00

INSURANCE INFORMATION:
DEPT OF VETERANS AFFAIRS
TP: 38515 GR: RX4136 AUTH#: 2234165401413279 97

RETAIL PRICE: $11.99

IC CYCLOBENZAPRINE 10 MG TABLET

NDC: 65862-**0191**-05 DAW: 0
QTY: **20** EA
CAP: **Safety** MFR PKG: **Yes**

REFILL: 1 by 12/7/23
MFR: AUROBINDO PHARM
PRSCBR: Samantha Quillen
DAYS SUPPLY: 14
DATE FILLED: 12/7/22

AMOUNT DUE: $0.00

Notes from the Pharmacy

PRIVACY: An important notice related to the privacy of your information is included with this label. Please acknowledge receipt of this notice by signing in store or sign/mail the back of this label to the address in the notice.

CVS pharmacy OPEN HERE

CVS pharmacy

300 OXFORD STREET
DOVER, OH 44622
330.364.7508

REG#13 TRN#4246 CSHR#1747008 STR#4353

Helped by: JEREMY

F 1 RX #: ****1970000 .00N
F 1 RX #: ****1960000 .00N

2 ITEMS

Survey ID #
4370 3381 9884 847 21

TOTAL .00
CHANGE .00

3504 3532 3414 2461 39

State law may prohibit the return of prescriptions. Please consult your pharmacist.
Returns with receipt, subject to CVS Return Policy, thru 02/05/2023
Refund amount is based on price after all coupons and discounts.

DECEMBER 7, 2022 7:31 PM

GET YOUR CVS EXTRACARE CARD

We would love to hear your feedback on your recent experience with us. This survey will take only 1 minute to complete.

Share Your Feedback

www.CVSHealthSurvey.com

Hablamos español

THANK YOU. SHOP 24 HOURS AT CVS.COM

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CVS pharmacy OPEN HERE

WAITING

TU 1

Promised: 12/7/22, **7:25 PM**

Scripts: 01

27 1479195 000 002 00 0000000

Tubaugh, Jason E

101 Brown St, Scio, OH 43988

DOB: 11/71 TEL:

Prescription Information

MORNING
MIDDAY
EVENING
BEDTIME
SEE DIRECTIONS

▲ PHARMACY ADVICE*
See back for more information

IC PREDNISONE TABLET

Common brand(s): Deltasone

Take 1 tablet by mouth daily for 5 days, then 1 tablet every other day for 5 days.

Important Information
- Take this medication with food.
- Take or use this exactly as directed. Do not skip doses or discontinue.
- Call dr. Before taking otc drugs. May affect the action of this drug.

Receipt & Refill Information

CVS Pharmacy STORE#: 4353
300 Oxford St.,
Dover, OH 44622

STORE TEL: (330) 364-7508
RX: **1479195** 00

INSURANCE INFORMATION:
DEPT OF VETERANS AFFAIRS
TP: 38515 GR: RX4136 AUTH#: 2234164924025995

RETAIL PRICE: $11.99

IC PREDNISONE TABLET

NDC: 70[illegible]
QTY: **15**
CAP: **Sa**

REFILL: 0
MFR: NOV
PRSCBR: S
DAYS SUPP
DATE FILLE

AMOUNT DU

Notes from the Pharmacy

PRIVACY: An import
the privacy of your in
included with this lab
acknowledge receipt
signing in store or sig
this label to the addre

CVS pharma