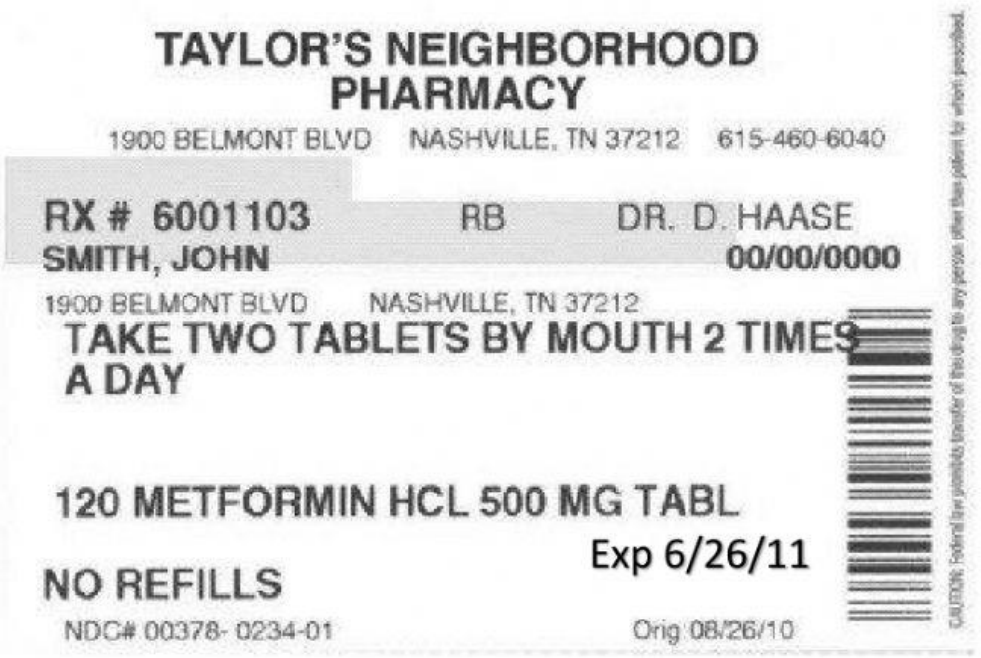
Drag the correct number to the correct question on the following prescription label.



TAYLOR'S NEIGHBORHOOD PHARMACY

1900 BELMONT BLVD NASHVILLE, TN 37212 615-460-6040

RX # 6001103 RB DR. D. HAASE

SMITH, JOHN 00/00/0000

1900 BELMONT BLVD NASHVILLE, TN 37212

TAKE TWO TABLETS BY MOUTH 2 TIMES A DAY

120 METFORMIN HCL 500 MG TABL

Exp 6/26/11

NO REFILLS

NDC# 00378- 0234-01 Orig 08/26/10

1. What is the prescription number?

   Drag Answer Here

2. Who is the prescription for?

   Drag Answer Here

3. What is the name of this medication?

   Drag Answer Here

4. How often should this mediation be taken?

   Drag Answer Here

5. Where should a person call for refills?

   Drag Answer Here

6. How many times can this prescription be refilled?

   Drag Answer Here

7. What is the name of the Pharmacy?

   Drag Answer Here

8. What is the patient's address?

   Drag Answer Here

9. This medication will expire on?

   Drag Answer Here

10. What is the name of the physician?

    Drag Answer Here