

# Reading a Prescription Label

1 <b>Patient Name:</b> Jane Shirley	6 <b>SUNSHINE COMMUNITY PHARMACY</b>
2 <b>RX#:</b> 1234567	123 Main Street • Springfield, USA Phone: (111) 222-4567
3 <b>Medication:</b> Xyzal 10mg tablets	7 <b>Quantity:</b> 30 tablets
4 <b>Directions:</b> Take 1 tablet by mouth every night.	8 <b>Refills:</b> 2
5 <b>Warnings:</b> May cause drowsiness. Do NOT take with other allergy medicine. Take with water.	9 <b>Prescriber:</b> Dr. L. Thompson
	10 <b>Date Filled:</b> 02/10/2025

- 1. Patient Information:** Identifies who the medicine is for, so that the medication is not taken by the wrong person
- 2. Prescription Number (RX#):** A unique number the pharmacy uses to track the prescription and manage refills
- 3. Medication Name & Strength:** Shows the name of the medicine and how strong each tablet is to prevent taking the wrong medication
- 4. Directions for Use:** Explains how much to take, how to take it, and when to take it to ensure safe and correct use
- 5. Warning Information:** Lists safety cautions that tell the user what to avoid and what to be careful about when taking the medication
- 6. Pharmacy Information:** Shows where the medication was filled and how to contact the pharmacy if needed
- 7. Quantity:** Tells the total number of tablets in the bottle
- 8. Refills:** Shows how many times the prescription can be refilled without a new doctor order
- 9. Prescriber Information:** Identifies the doctor who wrote and approved the prescription
- 10. Date Filled:** Tells the date the pharmacy prepared the medication

# Prescription Label Practice

**Directions:** Read the prescription label. Use the information on the label to answer the questions.

<p>.....</p> <p><b>Patient Name:</b> Michael Jones</p> <p><b>RX#:</b> 78654321</p> <p><b>Medication:</b> Cold Relief 5 mg Tablets</p> <p><b>Directions:</b> Take 1 tablet by mouth every morning.</p> <p><b>Warnings:</b> May cause drowsiness. Take with water.</p> <p>.....</p>	<p><b>Main Street Pharmacy</b></p> <p>123 Main Street • Springfield, USA Phone: (111) 222-4567</p> <p><b>Quantity:</b> 20 tablets</p> <p><b>Refills:</b> 3</p> <p><b>Prescriber:</b> Dr. Matthew Jones</p> <p><b>Date Filled:</b> 02/10/2025</p> <p>.....</p>
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1. **Who** is this medicine for?

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2. **How many times a day** should the medicine be taken?

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3. How many **tablets** are in the bottle?

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4. How many **refills** are available?

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5. What is one **warning** listed on the label?

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6. What is the **date filled**?

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# Prescription Label Practice

**Directions:** Read the prescription label. Use the information on the label to answer the questions.

<b>Patient Name:</b> Sarah Smith	<b>HEALTH PHARMACY</b>
<b>RX#:</b> 55123	123 Main Street • Springfield, USA Phone: (111) 222-4567
<b>Medication:</b> Xyzal 10 mg Tablets	<b>Quantity:</b> 60 tablets
<b>Directions:</b> Take 1 tablet by mouth at bedtime	<b>Refills:</b> 0
<b>Warnings:</b> May cause drowsiness. Take with water.	<b>Prescriber:</b> Dr. Samuel Brown
	<b>Date Filled:</b> 12/15/2025

1. **Who** is this medicine for?

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2. **When** should this medicine be taken?

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3. How many **tablets** are in the bottle?

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4. How many **refills** are available?

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5. What is one **warning** listed on the label?

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6. **Who** prescribed the medication?

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# Prescription Label Practice

**Directions:** Read the prescription label. Use the information on the label to answer the questions.

<p><b>Patient Name:</b> Emma Green</p> <p><b>RX#:</b> 118972</p> <p><b>Medication:</b> Tummy Ease Chewable 2 mg tablet</p> <p><b>Directions:</b> Chew 2 tablets after meals, up to three times a day.</p> <p><b>Warnings:</b> Do not take more than 6 tablets in one day. Safe for ages 12 and older.</p>	<p><b>CARE PHARMACY</b></p> <p>123 Main Street • Springfield, USA Phone: (111) 222-4567</p> <p><b>Quantity:</b> 60 tablets</p> <p><b>Refills:</b> 0</p> <p><b>Prescriber:</b> Dr. Mark Wilson</p> <p><b>Date Filled:</b> 1/08/2025</p>
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1. **What medication** is Emma taking?

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2. How many tablets should she chew **after meals**?

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3. How many tablets can she take in **one day**?

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4. What is the **RX** number?

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5. Write one **warning**:

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6. When was the prescription **filled**?

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# Prescription Label Practice

**Directions:** Read the prescription label. Use the information on the label to answer the questions.

<p><b>Patient Name:</b> Jacob Harrison</p> <p><b>RX#:</b> 9968792</p> <p><b>Medication:</b> Sleep Well 5 mg Capsule</p> <p><b>Directions:</b> Take 1 capsule before bed. Do not take more than 1 capsule in 24 hours.</p> <p><b>Warnings:</b> May cause dizziness. Do not drive after taking this medication.</p>	<p><b>HOMETOWN PHARMACY</b></p> <p>123 Main Street • Springfield, USA Phone: (111) 222-4567</p> <p><b>Quantity:</b> 10 tablets</p> <p><b>Refills:</b> 3</p> <p><b>Prescriber:</b> Dr. Juan Ramirez</p> <p><b>Date Filled:</b> 12/08/2025</p>
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1. When should **Jacob** take this medicine?

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2. How many capsules can he take in **one day**?

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3. How many capsules come in this **bottle**?

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4. Can this prescription be **refilled**?

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5. List one **warning**:

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6. What is the **RX** number?

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Disclaimer: This resource is provided for informational and educational purposes only. As far as possible, the contents of this resource are reflective of professional research at the time of writing. This resource is not intended to replace professional training or advice. This resource refers to activities that may require supervision and an adequate risk assessment. If you require advice, you should contact a suitably qualified professional.