

SKILL-BUILDING ACTIVITY 4 – Review of Medication Label Parts

Student Name: _____ Date: _____

Look at the label below. Do you know the parts of a prescription label? Write the numbers beside the correct words below the label.

ABC Drug Store

PHONE: (613) 867-9101

Prescription# 9621578 Ref: 0

John Storm

TAKE 1 TABLET DAILY.

SYNTHROID 0.050 MG

24 TAB 21 May 2017

_____ Name of medicine

_____ Pharmacy's name

_____ Number of tablets

_____ Number of refills

_____ Prescription number

_____ Pharmacy phone number

_____ Patient name

_____ dosage instructions