



[REDACTED]

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[REDACTED]

[REDACTED] MSK [REDACTED] ([REDACTED] 1 [REDACTED]) |

Patient name	MILLER, JANE	2 MAIN STREET NEW YORK, NY 10002		Medication quantity
Medication name	ACYCLOVIR			
Medication strength	400 MG TABLETS DAYS SUPPLY: 30 NDC: 57896-0504-10		QTY: 60	
Instructions for use	take one tablet by mouth every 12 hours			
Prescription number	Rx#8188542	RPh: VL	MRN: 22222222	Pharmacy information
Refills remaining	NO REFILLS		Phone: (646) 888-0730	
Prescriber name	Issue 5/22/19 Fill 5/22/19 Pres by: SMITH, H	Memorial Hospital for Cancer & Allied Diseases 444 East 68th ST, NEW YORK, NY 10065 DEA # FM7306726 Store # 00		

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If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

[REDACTED] www.mskcc.org/pe [REDACTED]

How to Read a Prescription Medication Label - Last updated on May 31, 2023
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