



Doctor's Day March 30

Physician Name: _____

Practice/Location: _____

Rx You're appreciated because:



Signed, _____

Date: _____

Check all that apply:

- You've made a difference!
- Thank you for all you do!

LOT NO: 1201	EXP. DATE: Does not expire
Rx NUMBER:	FILLED BY: St. Francis, PharmD



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Rx You're appreciated because:



Signed, _____

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LOT NO: 1201	EXP. DATE: Does not expire
Rx NUMBER:	FILLED BY: St. Francis, PharmD



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Rx You're appreciated because:



Signed, _____

Date: _____

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LOT NO: 1201	EXP. DATE: Does not expire
Rx NUMBER:	FILLED BY: St. Francis, PharmD



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Rx You're appreciated because:



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Check all that apply:

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- Thank you for all you do!

LOT NO: 1201	EXP. DATE: Does not expire
Rx NUMBER:	FILLED BY: St. Francis, PharmD