

ITEM _____
 STRENGTH _____
 LOT NO. _____
 EXP. DATE _____
 MFG. _____

START

30	22	14	PLEASE REORDER	
29	21	13		
28	20	12		
27	19	11		
26	18	10		
25	17	9		
24	16	8	2	1
23	15	7	1	

ITEM _____
 STRENGTH _____
 LOT NO. _____
 EXP. DATE _____
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FILLED BY _____ CKED BY _____
 RECEIVED BY _____
 START DATE _____
 REORDERED BY _____
 ORDER DATE _____

14	22	30
13	21	29
12	20	28
11	19	27
10	18	26
9	17	25
8	16	24

1715

ITEM _____
STRENGTH _____
LOT NO. _____
EXP. DATE _____
MFG. _____

START

81	82	83	84	85	86	87	88	89	90	80	70	60	50	40	30	20	10
71	72	73	74	75	76	77	78	79		69	59	49	39	29	19	8	
61	62	63	64	65	66	67	68	69		58	48	38	28	18	7		
	51	52	53	54	55	56	57	58		47	37	27	17	6			
41	42	43	44	45	46	47	48	49		36	26	16	6				
31	32	33	34	35	36	37	38	39		25	15	5					
21	22	23	24	25	26	27	28	29		14	4						
11	12	13	14	15	16	17	18	19		3							
1	2	3	4	5	6	7	8	9		2							
										1							

R E D R O E R

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ORDER DATE _____

1	2	3	4	5	6	7	8	9	10	20	30	40	50	60	70	80	90
	11	12	13	14	15	16	17	18	19	29	39	49	59	69	79	89	
	21	22	23	24	25	26	27	28	37	47	57	67	77	87			
		31	32	33	34	35	36	38	48	58	68	78	88				
			41	42	43	44	45	46	47	56	66	76	86				
				51	52	53	54	55	56	65	75	85					
					61	62	63	64	65	74	84						
						71	72	73	74	83							
							81	82	83								

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START

60	50	40	30	20	10
59	49	39	29	19	9
58	48	38	28	18	8
57	47	37	27	17	7
56	46	36	26	16	6
55	45	35	25	15	5
54	44	34	24	14	4
53	43	33	23	13	3
52	42	32	22	12	2
51	41	31	21	11	1
R E D R O E R					

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10	20	30	40	50	60
9	19	29	39	49	59
8	18	28	38	48	58
7	17	27	37	47	57
6	16	26	36	46	56
5	15	25	35	45	55
4	14	24	34	44	54
3	13	23	33	43	53
2	12	22	32	42	52
1	11	21	31	41	51

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30	22	14	PLEASE REORDER	
29	21	13		
28	20	12		
27	19	11		
26	18	10	4	5
25	17	9	3	2
24	16	8	2	1
23	15	7	1	

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14 22 30
13 21 29
12 20 28
11 19 27
10 18 26
9 17 25
8 16 24
7 15 23
1

COLD SEALED TYPE



Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

PACKAGE NOT CHILD RESISTANT



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