



Prompt Service. Personal Attention.

600 E Altamonte Drive, St.  
#1400 Altamonte Springs ,FL 32701

Phone: 321-972-3955

Fax: 321-972-3963

Email: altamontepharmacy@gmail.com

## FREE GENERIC VOUCHER

Prescriber: please check the appropriate medicine box and provide the patient with a new prescription. \*Offer applies only to the list of drugs below:

- |                                     |   |                                      |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> AMLODIPINE | <input type="checkbox"/> METFORMIN IR           | <input type="checkbox"/> SIMVASTATIN |
| <input type="checkbox"/> ATENOLOL   | <input type="checkbox"/> FLUOXETINE             | <input type="checkbox"/> ASPIRIN     |
| <input type="checkbox"/> CARVEDILOL | <input type="checkbox"/> LISINOPRIL             | <input type="checkbox"/> VITAMIN     |
| <input type="checkbox"/> CITALOPRAM | <input type="checkbox"/> HYDROCHLOROTHIAZIDE 25 |                                      |

This voucher may be redeemed for a free 30 days supply of medicine checked, with a written prescription from your doctor.

This offer applies only to a NEW prescription of medicine you have not been previously taking. This offer does not apply to medication refills, medication transferred from another pharmacy, and may not be used with any other offers.

This voucher is valid at Altamonte Pharmacy, 600 E Altamonte Drive, St. #1400 Altamonte Springs ,FL 32701, 321-972-3955

Patient: By presenting this voucher, I am certifying that I have never been on this medication before, and I am requesting that my insurance not be billed for any part of this prescription.