



**Longwood**  
**Pharmacy**

Prompt Service. Personal Attention.

252 West State Road 434  
Longwood, FL 32750

Phone: 407-332-9753  
Fax: 407-332-9704  
Email: longwoodpharmacy@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"/> FLUOXETINE    | <input type="checkbox"/> HYDROCHLOROTHIAZIDE 25 |
| <input type="checkbox"/> ATENOLOL             | <input type="checkbox"/> METFORMIN IR  | <input type="checkbox"/> AMITRIPTYLINE          |
| <input type="checkbox"/> CARVEDILOL           | <input type="checkbox"/> LEVOTHYROXINE | <input type="checkbox"/> SIMVASTATIN            |
| <input type="checkbox"/> CITALOPRAM           | <input type="checkbox"/> LISINOPRIL    | <input type="checkbox"/> RANITIDINE             |
| <input type="checkbox"/> LISINOPRIL /<br>HCTZ | <input type="checkbox"/> VITAMIN       | <input type="checkbox"/> ASPIRIN                |

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 Longwood Pharmacy, 252 W SR 434, Longwood FL 32750, 407-332-9753

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.