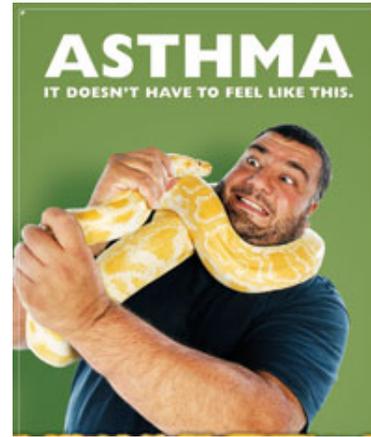


Don't Forget
your appointment with your
Asthma Pharmacist!

Date: _____
Time: _____
Asthma Pharmacy Location: _____

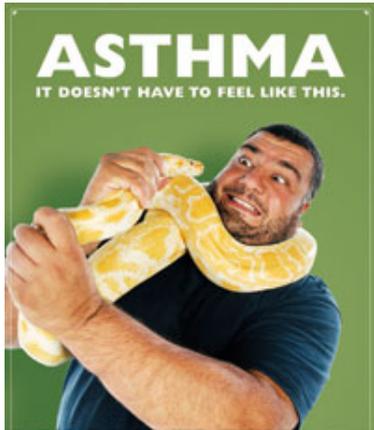
Questions about your asthma medications or your appointment please call:



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Date: _____
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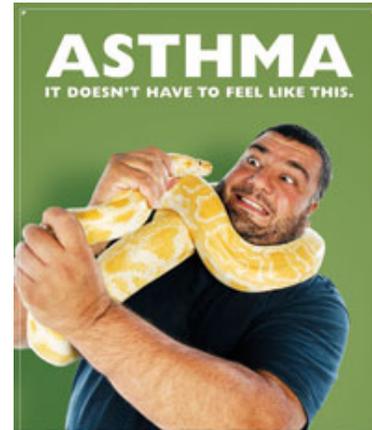
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