



**This Voucher is good
until July 29, 2010**

Date:

Name:

You have been given a prescription for medication in conjunction with dental treatment at a Mission of Mercy dental fair. Please take your prescription and this voucher within **TWO** days to one of the pharmacies listed on the attached form and you will not be charged for your prescription. If you do not have your prescription you will not receive medication. If you do not have this voucher, you will be charged for your prescription.

Designated MOM Volunteer:

[Type text]

