

e-Prescription Receipt

Date _____

Doctor _____

Patient name _____

MEDICATION PRESCRIBED

☐ **LUMIGAN® 0.01%**
(bimatoprost ophthalmic solution) 0.01%

☐ **COMBIGAN®**
(brimonidine tartrate/timolol maleate ophthalmic solution) 0.2%/0.5%

☐ **ALPHAGAN® P 0.1%**
(brimonidine tartrate ophthalmic solution) 0.1%

☐ **Other** _____

PHARMACY

Name _____

Address _____

City/State/Zip _____

Phone _____



**Ensure you receive
the medication your
doctor prescribed!**



ALLERGAN

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www.Lumigan.com

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