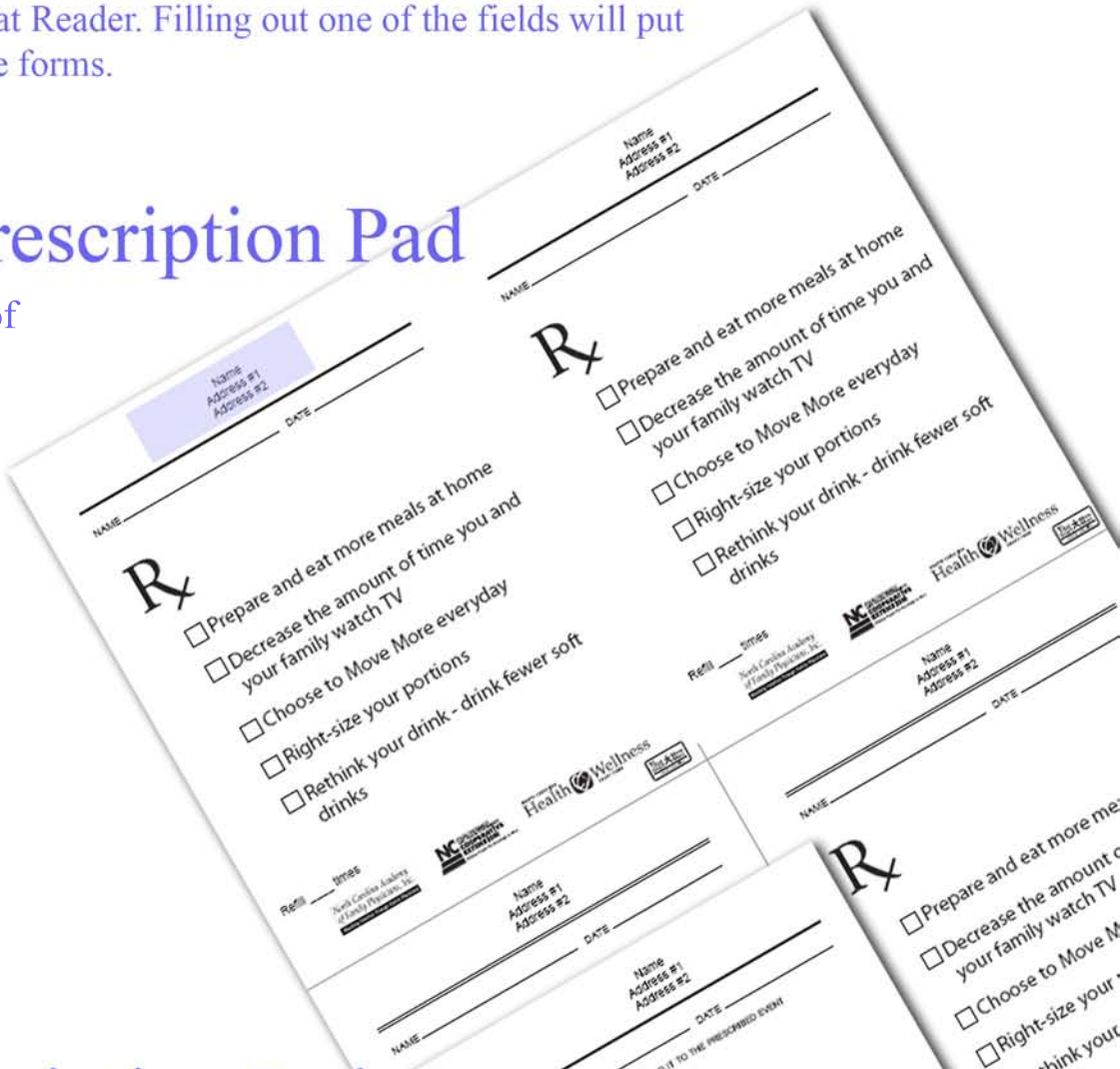
Both pads have writable areas which can be filled out with your custom information in the Adobe Acrobat Reader. Filling out one of the fields will put the information on all four of the forms.

Big Five Prescription Pad

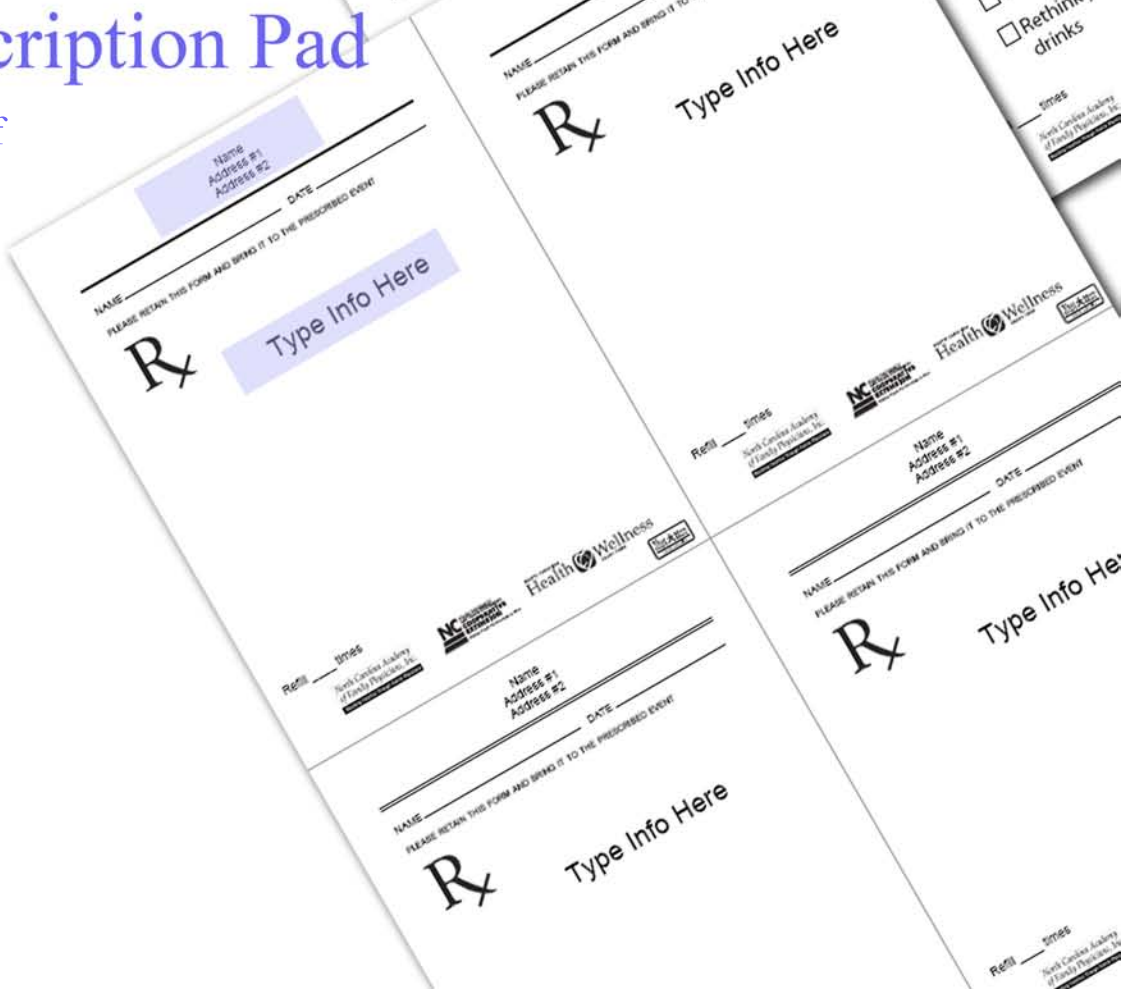
Customize top lines of pad with physician's name and address.



Event Prescription Pad

Customize top lines of pad with physician's name and address.

Fill in event details to promote a workshop, class, or other special event.



Name
Address#1
Address#2

PLEASE RETAIN THIS FORM AND BRING IT TO THE PRESCRIBED EVENT

NAME _____ DATE _____

Rx

Type Info Here

Refill ____ times

North Carolina Academy of Family Physicians, Inc. — Reaching Families Through Family Physicians
NC State University A&T State University Cooperative Extension — Helping People Put Knowledge to Work
North Carolina Health Wellness Trust Fund
Eat Smart Move More North Carolina

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Eat Smart Move More North Carolina

Name
Address#1
Address#2

NAME _____ DATE _____

Rx

- ☐ Prepare and eat more meals at home
- ☐ Decrease the amount of time you and your family watch TV
- ☐ Choose to Move More everyday
- ☐ Right-size your portions
- ☐ Rethink your drink - drink fewer soft drinks

Refill ____ times

Name
Address#1
Address#2

NAME _____ DATE _____

Rx

- ☐ Prepare and eat more meals at home
- ☐ Decrease the amount of time you and your family watch TV
- ☐ Choose to Move More everyday
- ☐ Right-size your portions
- ☐ Rethink your drink - drink fewer soft drinks

Refill ____ times

Name
Address#1
Address#2

NAME _____ DATE _____

Rx

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- ☐ Rethink your drink - drink fewer soft drinks

Refill ____ times

Name
Address#1
Address#2

NAME _____ DATE _____

Rx

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Refill ____ times