



UPLOADABLE  
LOGO OR IMAGE  
HERE (optional)

# Business Name

OPEN 24 HOURS A DAY  
7 DAYS A WEEK

000-000-0000



optional website  
optional email address

**\$0<sup>00</sup>  
OFF**

**Any order over \$50**

Cannot be combined with any other offer.  
Valid at participating locations only.

Expires: 00/00/00

COUPON CODE

**\$0<sup>00</sup>**

**+ Tax**

**Flu Shot**

Cannot be combined with any other offer.  
Valid at participating locations only.

Expires: 00/00/00

COUPON CODE

Pharmacy info or Service list  
Pharmacy info or Service list  
Pharmacy info or Service list  
Pharmacy info or Service list  
Pharmacy info or Service list

## **PICK UP YOUR PRESCRIPTION TODAY**

Your Address Here  
City, ST ZIP

**000-000-0000**

(Your Locator Here)

Your Address Here  
City, ST ZIP

**000-000-0000**

(Your Locator Here)

Your Address Here  
City, ST ZIP

**000-000-0000**

(Your Locator Here)

Your Address Here  
City, ST ZIP

**000-000-0000**

(Your Locator Here)

