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OFFER TO COUNSEL NOTICE

You are receiving this notice because your physician recently requested a prescription to be filled by our pharmacy. You are entitled to receive medication counseling from one of our pharmacists regarding the following:

- Name and description of medication
- Dose, route of administration, and duration of medication
- Intended use of medication and expected action
- Special directions and precautions for use
- Common adverse or severe side effects or interactions
- Techniques for self-monitoring
- Proper storage
- Prescription refill information
- Action to be taken in the event of a missed dose.

You may contact a pharmacist at **1-855-416-0035**, Monday through Friday, 9:00AM to 5:00PM Eastern Standard Time. If you call us after these hours or no one is available to answer, please leave a message and someone will return your call as soon as possible.

If you are experiencing a medical emergency, immediately dial **9-1-1** and seek medical attention.