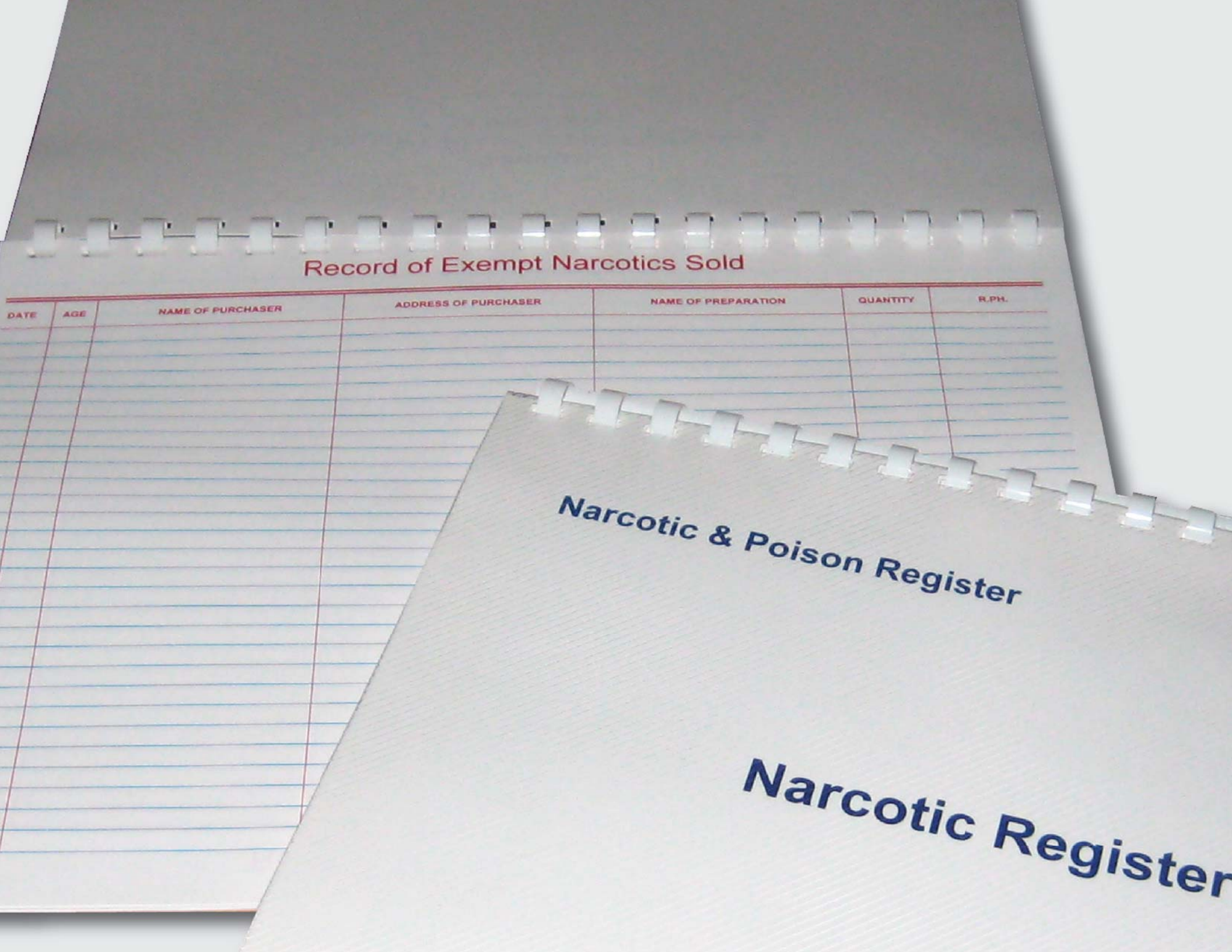
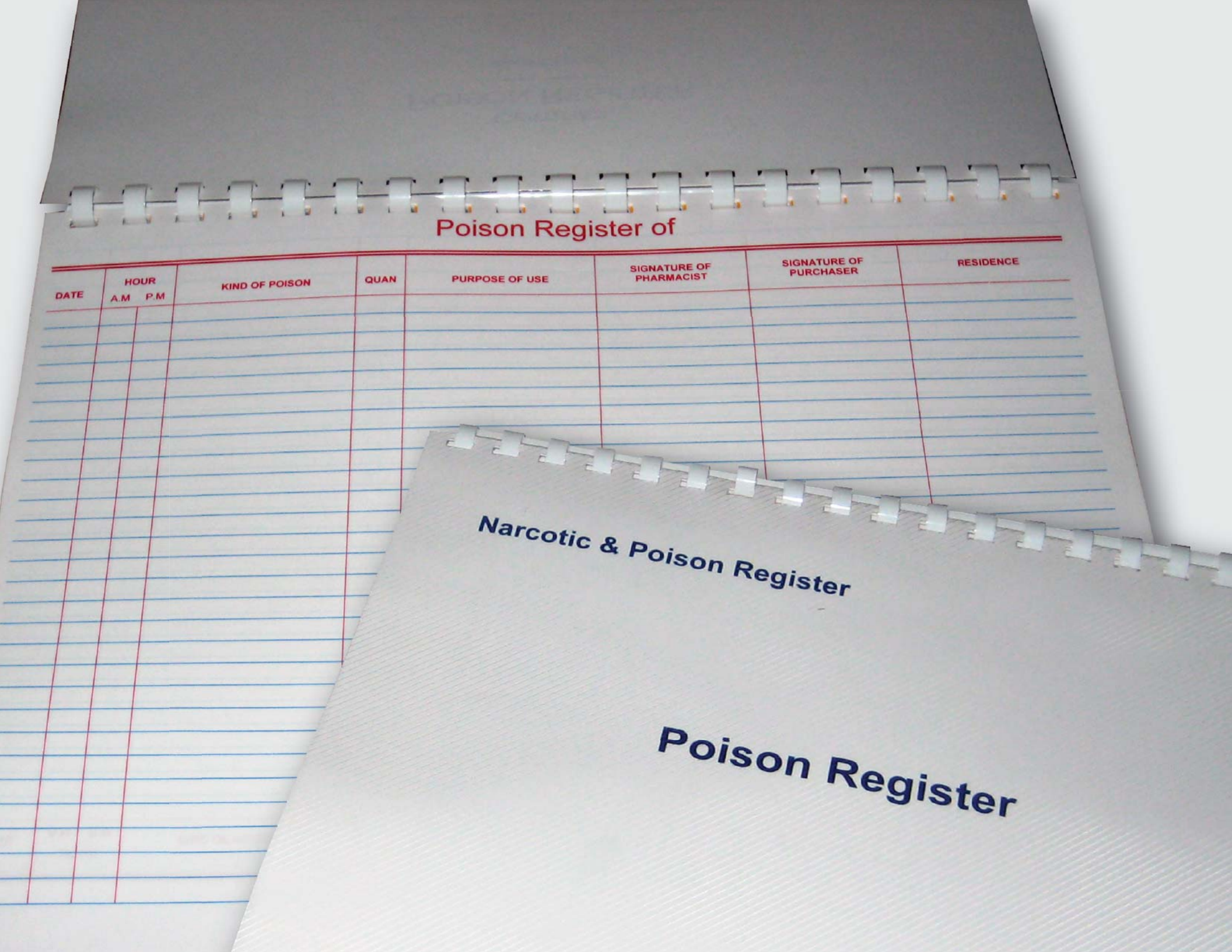

Record of Exempt Narcotics Sold
DATE
AGE
NAME OF PURCHASER
ADDRESS OF PURCHASER
NAME OF PREPARATION
QUANTITY
R.PH.
Narcotic & Poison Register
Narcotic Register


Poison Register of
DATE
HOUR
A.M P.M
KIND OF POISON
QUAN
PURPOSE OF USE
SIGNATURE OF PHARMACIST
SIGNATURE OF PURCHASER
RESIDENCE
Narcotic & Poison Register
Poison Register