



because minutes matter

Date: _____

Patient Name: _____

SMHeartCard is available at

www.smheartcard.ca

1 833 478 7678 | 780 965 7678

Rx Supply one SMHeartCard
Fill with four ASA 81mg tablets
Fill with three NitroStat 0.3mg
sublingual tablets

*May be covered
by insurance plans*

Prescriber: _____

Signed: _____

Refills: _____ www.smheartcard.ca



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