

# Just Hand This Card To A Pharmacy Employee With Your ID\*

- I would like to purchase **Next Choice**<sup>®</sup>.
- I would like to ask the pharmacist a few questions in private.
- I called earlier for **Next Choice**<sup>®</sup> and am here to pick it up.

\*Don't forget your government issued proof of age (must be age 17 and older).  
Prescription needed for women younger than age 17.

**Next Choice**<sup>®</sup>  
(Levonorgestrel) Tablets 0.75 mg

For more information, please contact our Medical Communications  
Department at **1-866-9WATSON (1-866-992-8766)**.

Please see full Prescribing Information at **[www.mynextchoice.com](http://www.mynextchoice.com)**.

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