

ENTRESTO® HAS BEEN PRESCRIBED FOR:

(Patient Name)
, ,
24/26 mg
49/51 mg
97/103 mg
(Prescribing Doctor's Name)
(Office Phone Number)
REMINDER FOR YOUR
SCHEDULED APPOINTMENT:
Doctor:
Doctor:
Doctor: Date:
Date:

Click here for full Prescribing Information, including **Boxed WARNING**.

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