

MUNICIPAL PHARMACY OFFICE

Binangonan, Rizal

Requirements for Free Prescription Medication

Dated prescription

Endorsement letter of Brgy. Captain

Voter's ID of the patient

For patient 18 years old and below –

Voter's ID of the parents.

In the case of Comelec Stub –

Valid ID of the patient

In the absence of the patient – a written

Authorization letter shall be presented

Thank you!!