

**A GENERIC PRESCRIPTION YES,  
BUT  
NOT TEVA**



TEVA is an Israeli pharmaceutical company who's taxes finance the Israel Occupation Forces.

---

As long as Israel persecutes the Palestinian people, kills and tortures children, and prevents Palestinians from getting health care, I will not use Israeli medicines with the TEVA brand.

---

Other equivalent generic brands are available. I have the right and the duty to tell my pharmacist:  
**<<<THANK YOU, NO TEVA >>>**

---

*Tear off the attached letter and hand it in to your pharmacist!*

**RE: Products Manufactured by Teva Pharmaceuticals**

Date: .....

Dear Pharmacist,

On the understanding there are alternative brand names available to you for the same generic medications prescribed for me by my GP, I am writing to respectfully request it be put on your records that any future medications issued to me don't include products that are manufactured by Teva Pharmaceuticals.

This decision is based on ethical concerns regarding Teva Pharmaceuticals, a global company whose headquarters are based in Israel, and its implicit support for an Israeli government which stands accused of plausible genocide and war crimes by internationally recognised and reputable human rights organisations such as: Save The Children, Amnesty International, Human Rights Watch and B'Tselem, as well as many other organisations worldwide. The Israeli government is also currently under investigation for war crimes and crimes against humanity by the United Nations International Court of Justice (ICJ).

Because of this, Teva Pharmaceuticals is a company which I cannot in good conscience support by using any of their products.

I hope you have no difficulties in complying with my request but if for any reason you are unable to do so prior to issuing the medications listed on any of my future prescriptions, can you please contact me beforehand using the details below.

Thank you for your understanding and continued support in managing my health with compassion and integrity.

Yours Sincerely,

.....

Full Name: .....

Date of Birth: .....

Address: .....

City: .....

Post Code: .....

Tel: .....