

Pharmacy Branch Medical Clinic, Sasebo Japan
 Detachment of USNH, Yokosuka Japan
OVER THE COUNTER MEDICATION REQUEST
 (Please print clearly) Rev. 06/02

Sponsor's Name: _____ **Sponsor's SSN:** _____

Patient's Name: _____ **Patient's Age:** _____

Medication Allergies: _____

Current Medications: _____

Symptoms/Condition being treated: _____

By signing, I certify the following:

1. I have consulted with a physician or other health care provider** for advice before receiving these medications. I understand that the medication is for use in minor illnesses or conditions and that if symptoms worsen or do not improve within 48 hours, a medical provider should see the person for whom the medication is intended.
2. I certify that I **AM NOT**:
 - a. Under 18 years of age
 - b. In Flying Status
 - c. Pregnant or breastfeeding
 - d. Giving this medication to a child under age 2
3. I am aware of the Privacy Act of 1974, and that the personal information requested will facilitate and document my health care. The Social Security Number of the sponsor is required to verify eligibility for care and to identify and retrieve health care information. Pay patients are not eligible for this service unless in conjunction with a paid visit.

**** In this case the health care provider may include a pharmacy technician, pharmacist or nurse making a recommendation based upon the Executive Committee of the Medical Staff approved guidelines on reverse side of form).**

Signature

Date

Acetaminophen 80mg chewable tablets, #30	Saline Nose spray / drops, 30mL
Acetaminophen 160mg/5ml Elixir, 120ml	Cepacol Throat lozenges, #18
Acetaminophen (Tylenol) 325mg tablets, #50	Robitussin DM-type (generic), 120mL
Aspirin 325mg tablets, #30	Maalox ES / Mylanta II liquid, (equiv) 120mL
Pseudoephedrine (Sudafed) 30mg tablets, #24	Allerfrim/Dimetapp, (equiv) Elixir 120ml
Antihistamine/Decongestant (generic) #24	Pseudoephedrine Elixir 120ml
Pepto Bismol Liquid 8oz. Anti-Diarrhea	Clotrimazole (Athlete's Foot) 1% cream
Clotrimazole (Mycellex) 1% vaginal cream	Condoms, 3/pak

MAXIMUM OF 3 ITEMS PER FAMILY PER 14 DAYS

FOR PHARMACY USE ONLY

OTC DRUG SELECTION GUIDELINES:

Patient Symptoms	Age	Contraindications	OTC Suggestion
Nasal Congestion	2 yo & up (liquid) 6 yo & up (tablets)	- heart disease (ischemic heart disease or angina) - Diabetes mellitus - Thyroid disease - Difficulty urinating / enlarged prostate - Taking MAOI or within 2 weeks of stopping MAOI (isocarboxazid (Marplan [®]), phenelzine (Nardil [®]), tranylcypromine (Parnate [®]), selegiline (Eldepryl [®]))	Decongestant (Pseudoephedrine)
Runny Nose Itchy, Watery Eyes Itchy Nose Itchy Throat Sneezing Post-nasal Drip AND Nasal Congestion	6 yo & up	- Glaucoma - Difficulty urinating/enlarged prostate - Breathing problems (emphysema/COPD) - Hypertension (high blood pressure) - Heart disease (ischemic heart disease or angina) - Thyroid disease - Diabetes mellitus - Taking MAOI or within 2 weeks of stopping MAOI (isocarboxazid (Marplan [®]), phenelzine (Nardil [®]), tranylcypromine (Parnate [®]), selegiline (Eldepryl [®]))	Antihistamine / Decongestant Combination
Non-productive Cough	2 yo & up	- Persistent or chronic cough such as occurs with smoking, asthma, chronic bronchitis, emphysema - Cough accompanied by excessive phlegm - Taking MAOI or within 2 weeks of stopping MAOI (isocarboxazid (Marplan [®]), phenelzine (Nardil [®]), tranylcypromine (Parnate [®]), selegiline (Eldepryl [®]))	Cough Suppressant / Expectorant (Robitussin DM)
Headache Muscle Aches & Pains	12 yo & up (aspirin) 2 yo & up (acetaminophen)	Aspirin / NSAID Contraindications: - Stomach problems (ulcers, heartburn, stomach pain) - Asthma - Bleeding or blood clotting problems - Taking blood thinners (i.e.; warfarin, ticlopidine, heparin) - Diabetes medications (i.e.; glipizide, glyburide, tolazamide, insulin) - Gout or arthritis medications (i.e.; other NSAIDS, probenecid, sulfapyrazone) - Allergic to tartrazine dye	Pain Reliever (Acetaminophen, Aspirin)
Heartburn Acid Indigestion Sour Stomach	12 yo & up	- Kidney disease	Antacid (Maalox, Mylanta)
Itching, burning, fungal infection of the foot			Clotrimazole cream