

# Non-Prescription Medication Request Form

This program is for military beneficiaries only. **MILITARY ID CARD IS REQUIRED.**

**Limited to TWO (2) Items per Family per week**

Items listed are not guaranteed available.



## CHILDREN- FEVER, PAIN, or COLD SYMPTOMS

- Tylenol 80MG Rapid Tabs (2-6 years – Pain Relief)
- Tylenol Solution (2-11 years – Pain Relief)
- Benadryl Solution (2-12 Years – Allergies)
- Motrin suspension (2-11 years – Pain Relief)

## ADULTS- PAIN RELIEF

- Motrin 200MG Tabs
- Tylenol 325MG Tabs

## ADULTS- COUGH, COLD, & ALLERGIES

- Saline Nasal Spray (Nasal Congestion)
- Robitussin DM Syrup (Cough)
- Throat Lozenges (Sore Throat)
- Benadryl 25MG caps (Allergies)
- Sudafed 30mg tabs (Nasal Congestion)
- Aprodine tabs (Nasal Congestion/Allergies)

## ADULTS- TOPICAL

- Bacitracin (Antibiotic) Ointment
- Tolnaftate (Antifungal) Foot Powder
- Clotrimazole 1% (Antifungal) Cream
- Muscle Rub
- Calamine Lotion
- Hydrocortisone 1% (Anti-Itch) Cream

## ADULTS- ANTACID

- Maalox

## ADULTS- ANTIDIARRHEAL

- Immodium 2MG tabs

## MISCELLANEOUS

- Chapstick
- Male Condoms

***Please read and INITIAL each of the following statements:***

\_\_\_\_\_ I do not wish to see a physician or other health care provider for advice before receiving these medications. I understand that these medications are for minor illnesses or conditions and that if symptoms worsen or persist longer than 48 hours, the person for whom this medication is intended should be seen by a health care provider.

\_\_\_\_\_ I am not under 18 years old (unless active duty). If on flight status, I understand that I am only authorized to receive non-prescription items approved by the flight surgeon.

\_\_\_\_\_ The person for whom this medication is intended does not have high blood pressure, cardiac problems, diabetes, thyroid problems, is not taking blood thinners, or is not pregnant.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**As per the DEA requirements, for Pseudoephedrine containing products:**

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dispensed by: \_\_\_\_\_