

Prescription for Over-the-Counter Medication
For Flexible Spending Account Plan Year 2011



Instructions: Mark or fill in the appropriate over-the-counter medication and take to your practitioner for signature on reverse side. This prescription must be presented each time a request for reimbursement is made and will be good for one year. Eligible expenses must still be for the treatment or diagnosis of a condition, and cannot be for general health maintenance or cosmetic in nature.

Patient Name: _____
Patient Address: _____

Date: _____
DOB: _____

- Antiseptics**
- Triple antibiotic ointment
 - First Aid wipes/antiseptic wash
 - Tincture of Iodine
 - Rubbing Alcohol
 - Hydrogen Peroxide
 - Other _____

- Directions (circle one)**
- PRN (as needed) per package instructions
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- Cold, Flu**
- Theraflu
 - Tylenol Cold/Cough and Cold
 - Advil Cold/Cough and Cold
 - Mucinex/Mucinex-D
 - Vicks Vaporub (metholatatum)
 - Robitussin
 - DayQuil/NyQuil
 - Sore throat lozenges/spray
 - Pedialyte
 - Other _____
 - Other _____

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- Allergy, Asthma**
- Benadryl
 - Primatene Mist
 - Zyrtec/Zyrtec-D (cetirizine)
 - Claritin (loratidine)
 - Zicam
 - Sudafed (pseudoephedrine)
 - Other _____

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- Ear/Eye Care**
- Swim-Ear
 - Ear wax removal system
 - Lubricating eye drops
 - Other _____

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- Analgesics/Pain Relief**
- Aspirin
 - Advil (ibuprofen)
 - Aleve (naproxen sodium)
 - Tylenol (acetaminophen)
 - Children's Tylenol
 - Icy Hot
 - AlkaSeltzer
 - Other _____

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(Continued on reverse side)

Skin Care

____ Benadryl itch cream
____ hydrocortisone cream/ointment
____ Benzoyl peroxide
____ Clearasil
____ Other _____

____ PRN (as needed) per package instructions
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Stomach Care

____ Prilosec
____ Tagamet
____ Tums
____ bisacodyl tablets
____ Emetrol
____ Other _____

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Vitamins/Supplements
(A diagnosis is required for ALL vitamins and supplements)

____ Multivitamins
____ Prenatal Vitamins
____ Vitamin A
____ Vitamin B (complex, 3, 6, 12)
____ Vitamin C
____ Vitamin D
____ Vitamin E
____ Vitamin K
____ Glucosamine Chondroitin
____ Other _____

Diagnosis (required for vitamins and supplements)

Miscellaneous

____ Other _____
____ Other _____
____ Other _____
____ Other _____
____ Other _____
____ Other _____
____ Other _____
____ Other _____

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Prescribed by:

Substitution Permitted

As Written

Refills:

Note to Patient/Employee: This prescription must accompany all requests for reimbursement for over-the-counter medications.