

RXPERT USA

Over-the-Counter (NON-Prescription) Medication Form

Please fill in all blanks

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1

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (*please explain why and how you take it*)

2

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (*please explain why and how you take it*)

3

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (*please explain why and how you take it*)

4

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (*please explain why and how you take it*)

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5
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (*please explain why and how you take it*)

6
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (*please explain why and how you take it*)

7
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (*please explain why and how you take it*)

8
Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (*please explain why and how you take it*)

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9

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

Do you take it every day? YES _____ NO _____ (*please explain why and how you take it*)

10

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

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11

Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

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Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

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13
Name of Medication _____ Strength _____ Dosage form _____

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Name of Medication _____ Strength _____ Dosage form _____

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Reason(s) for taking this medication _____

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Name of Medication _____ Strength _____ Dosage form _____

EXACTLY how do you take it? _____

Reason(s) for taking this medication _____

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Name of Medication _____ Strength _____ Dosage form _____

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17

Name of Medication _____ Strength _____ Dosage form _____

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Name of Medication _____ Strength _____ Dosage form _____

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21

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Name of Medication _____ Strength _____ Dosage form _____

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Reason(s) for taking this medication _____

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25
Name of Medication _____ Strength _____ Dosage form _____

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Name of Medication _____ Strength _____ Dosage form _____

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Reason(s) for taking this medication _____

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Name of Medication _____ Strength _____ Dosage form _____

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Reason(s) for taking this medication _____

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33
Name of Medication _____ Strength _____ Dosage form _____

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Name of Medication _____ Strength _____ Dosage form _____

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