

Prescription for Over-the-Counter Drugs & Medicines

	Name of Person Covered	Over-the-Counter Item	Medical Treatment	Length of Treatment
e.g.	<i>John Doe</i>	<i>Claritin</i>	<i>Allergies</i>	<i>One year</i>
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Patient Name: _____

Physician Name: _____

Date: _____

Physician Signature: _____