



## Little Essentials Medication Request Form

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Drug allergies: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_ Female ☐ Male ☐

Weight: \_\_\_\_\_ lbs / kg

### APPROVED PRODUCTS

*upon the pharmacist's discretion*

<p align="center"><b>ALLERGIES</b></p> <p><input type="checkbox"/> Benadryl (Diphenhydramine) 12.5mg/5ml – 1 pkg</p> <p><input type="checkbox"/> Claritin (Loratadine) 1mg/ml – 1 pkg</p> <p><input type="checkbox"/> Zyrtec (Cetirizine) 1mg/ml – 1 pkg</p> <p><input type="checkbox"/> Saline 0.65% Nasal Spray – 1 pkg</p> <p><input type="checkbox"/> Visine (Natural Tears) – 1 pkg</p>	<p align="center"><b>COUGH SUPPRESSANTS</b></p> <p><input type="checkbox"/> Delsym (Dextromethorphan) 30mg/5ml 1 pkg</p> <p><input type="checkbox"/> Robitussin (Guaifenesin) 100mg/5ml – 1 pkg</p> <p><input type="checkbox"/> Robitussin DM (Guaifenesin-Dextromethorphan) – 1 pkg</p>	<p align="center"><b>DIAPER RASH CREAM</b></p> <p><input type="checkbox"/> Happy Hiney Cream (38g) – 1 pkg</p>
<p align="center"><b>FIRST AID CREAMS AND OINTMENTS</b></p> <p><input type="checkbox"/> Bacitracin 500 units/g – 1 pkg</p> <p><input type="checkbox"/> Neosporin – 1 pkg</p> <p><input type="checkbox"/> Miconazole 2% – 1 pkg</p> <p><input type="checkbox"/> Clotrimazole 1% – 1 pkg</p>	<p align="center"><b>LAXATIVE SUPPORT</b></p> <p><input type="checkbox"/> Glycerin Pediatric Suppositories – 1 pkg</p>	<p align="center"><b>MULTIVITAMINS</b></p> <p><input type="checkbox"/> D-Vi-Sol (Vitamin D) – 1 pkg</p> <p><input type="checkbox"/> Poly-Vi-Sol – 1 pkg</p> <p><input type="checkbox"/> Poly-Vi-Sol + Iron – 1 pkg</p> <p><input type="checkbox"/> Flinstones (Chewable) – 1 pkg</p> <p><input type="checkbox"/> Gummy Multivitamin – 1 pkg</p>
<p align="center"><b>PAIN AND FEVER REDUCERS</b></p> <p align="center">CHOOSE <u>ONE</u></p> <p><input type="checkbox"/> Tylenol (Acetaminophen) 160mg/5ml Liquid – 1 pkg</p> <p><input type="checkbox"/> Motrin (Ibuprofen) 200mg/5ml Liquid – 1 pkg</p> <p><input type="checkbox"/> Tylenol (Acetaminophen) 120mg Suppositories – 1 pkg</p>	<p align="center"><b>RESPIRATORY SUPPORT</b></p> <p><input type="checkbox"/> Aerochamber – 1 pkg</p> <p><input type="checkbox"/> Peak Flow Meter – 1 pkg</p>	<p align="center"><b>SLEEP SUPPORT</b></p> <p><input type="checkbox"/> Melatonin 1mg/ml – 1 pkg</p>

*DISCLAIMER: These products are not meant to replace medical care from a licensed provider. They are over-the-counter items provided with pharmacist support to help manage common health concerns and promote wellness between doctor visits.*

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

OFFICE USE ONLY

**SIGNATURE:** \_\_\_\_\_