



Guthrie Mainstream Services
 6549 East University Drive
 Mesa, AZ 85205
 Phone: 480-633-8881
 Fax: 480-633-7095

**PRN MEDICATIONS
 Over-the-Counter
 Complete Annually**

Individuals Name: _____ Date of Birth: _____

Provider Name: _____ Field Supervisor: _____

Dear Physician,

We require a **physician's signature** to administer any medication on a PRN basis. Please check the over-counter-medications the individual may take on a PRN basis. Thank you!

Non-Emergent Condition	Over the Counter Medication	Dosage	Doctor's Initials
Headache, General pain/fever	Tylenol/Acetaminophen		
Headache, General pain/fever	Ibuprofen		
Constipation	Milk of magnesia or generic equivalent		
Nausea, Upset Stomach	Tums, Pepto Bismol, Maalox Or generic equivalent		
Cold Symptoms	Sudafed or generic equivalent		
Allergy Symptoms	Benadryl or generic equivalent		
Cough	Robitussin Expectorant or generic equivalent		
Sore Throat	Sucrets Throat Lozenges or generic equivalent		
Minor Abrasions or cuts	Neosporin Antibiotic Cream or generic equivalent		
Insect Bites	Caladryl or generic equivalent		
Minor Skin Irritations	Neosporin Antibiotic Cream or generic equivalent		
Sun Protection	Sun Screen Cream/Spray		
Other:			

Length of time individual should receive medication: _____

Comments: _____

Physician's Signature

Date

*When completed, please submit to your Field or DTA Supervisor.