

**CONSULT WITH A LICENSED PERSON
TO ENSURE THE OVER-THE-COUNTER MEDICATION IS**

- THE RIGHT DRUG: _____
- THE RIGHT DOSAGE: _____
- THE RIGHT ROUTE: _____
- ANY SPECIAL CONSIDERATIONS SUCH AS INTERACTIONS
WITH OTHER MEDICATIONS: _____

Does the OTC manufacturer's label match the practitioner's order?

YES

NO

If no, you must STOP and get clarification!

Licensed person's name _____

Date: _____

Authorized provider's signature: _____