

Prescription for Over-the-Counter Medication

For Flexible Spending Account Plan Year 2015

HealthSmart Benefit Solutions

Instructions: Mark or fill in the appropriate over-the-counter medication and take to your practitioner for signature on reverse side. This prescription must be presented each time a request for reimbursement is made and will be good for one year. Eligible expenses must still be for the treatment or diagnosis of a condition, and cannot be for general health maintenance or cosmetic in nature.

Patient Name: _____
Patient Address: _____

Date: _____
DOB: _____

Antiseptics

Triple antibiotic ointment
 First Aid wipes/antiseptic wash
 Tincture of Iodine
 Rubbing Alcohol
 Hydrogen Peroxide
 Other _____

Directions (circle one)

_____ PRN (as needed) per package instructions
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Cold, Flu

_____ Theraflu
 _____ Tylenol Cold/Cough and Cold
 _____ Advil Cold/Cough and Cold
 _____ Mucinex/Mucinex-D
 _____ Vicks Vaporub (metholatum)
 _____ Robitussin
 _____ DayQuil/NyQuil
 _____ Sore throat lozenges/spray
 _____ Pedialyte
 _____ Other _____
 _____ Other _____

_____ PRN (as needed) per package instructions
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Allergy, Asthma

_____ Benadryl
 _____ Primatene Mist
 _____ Zyrtec/Zyrtec-D (cetirizine)
 _____ Claritin (loratidine)
 _____ Zicam
 _____ Sudafed (pseudoephedrine)
 _____ Other _____

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Ear/Eye Care

_____ Swim-Ear
 _____ Ear wax removal system
 _____ Lubricating eye drops
 _____ Other _____

_____ PRN (as needed) per package instructions
 _____ PRN (as needed) per package instructions
 _____ PRN (as needed) per package instructions
 _____ PRN (as needed) per package instructions

Analgesics/Pain Relief

_____ Aspirin
 _____ Advil (ibuprofen)
 _____ Aleve (naproxen sodium)
 _____ Tylenol (acetaminophen)
 _____ Children's Tylenol
 _____ Icy Hot
 _____ AlkaSeltzer
 _____ Other _____

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(Continued on reverse side)

Skin Care

____ Benadryl itch cream
____ hydrocortisone cream/ointment
____ Benzoyl peroxide
____ Clearasil
____ Other _____

____ PRN (as needed) per package instructions
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____ PRN (as needed) per package instructions
____ PRN (as needed) per package instructions

Stomach Care

____ Prilosec
____ Tagamet
____ Tums
____ bisacodyl tablets
____ Emetrol
____ Other _____

____ PRN (as needed) per package instructions
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____ PRN (as needed) per package instructions

Vitamins/Supplements
diagnosis is required
for ALL vitamins and
supplements)

____ Multivitamins (A
____ Prenatal Vitamins
____ Vitamin A
____ Vitamin B (complex, 3, 6, 12)
____ Vitamin C
____ Vitamin D
____ Vitamin E
____ Vitamin K
____ Glucosamine Chondroitin
____ Other _____

Diagnosis (required for vitamins and supplements)

Miscellaneous

____ Other _____
____ Other _____
____ Other _____
____ Other _____
____ Other _____
____ Other _____
____ Other _____
____ Other _____
____ Other _____

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Prescribed by:

Substitution Permitted

As Written

Refills:

Note to Patient/Employee: This prescription must accompany all requests for reimbursement for over-the-counter medications.