OTC Write-up

Student Name:______________________________________________

Trade Name:_________________________________________ Mfg.___________________________

Pharmacological category:

Generic ingredients:

Dosage forms available:

Dosage (recommended):

When to recommend use of product/when not:

Information that should be given to patient (side effects, warnings, etc):

Comparison of evaluation to the advertising claims:

Overdose possibilities and abuse potential:

Other information: