

Prescription for Over-the-Counter Medication

Pharmacy Name: [Your Pharmacy Name]

Address: [Your Pharmacy Address]

Phone Number: [Your Pharmacy Phone Number]

Date: [Date]

Patient Information

Name: [Patient's Name]

Date of Birth: [Patient's Date of Birth]

Medication Details

Medication Name: [Medication Name]

Dosage Instructions: [Dosage Instructions]

Quantity: [Quantity]

Pharmacist Signature

[Pharmacist's Name]

Pharmacist License Number: [License Number]