

# Interim Meds

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Date of Visit

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(mm-dd-yyyy)

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Visit:

- V1A  
 V2A

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1. Medication Name

- Acetaminophen  
 Advair  
 Albuterol  
 Amoxicillin  
 Aviane  
 Benadryl  
 Budesonide (Pulmicort)  
 Certagen  
 Children's Tylenol Cold  
 Clarinex D (Allegra)  
 Claritin (Loratadine)  
 Codeine  
 Concerta  
 Dayquil  
 Declofenac  
 Flonase  
 Fluticasone (Flovent)  
 Folic Acid  
 Hydrocodone  
 Hydroxyurea  
 Ibuprofen  
 Miralax  
 MS Contin  
 MSIR  
 Mucinex  
 Multivitamin  
 Naproxen (Aleve)  
 Nasocort  
 Nasonex  
 Ondansetron  
 Orapred  
 Oxycodone  
 Oxycontin  
 Oxygen  
 Paracetamol  
 Penicillin  
 Penicillin VK  
 Pepcid AC  
 Prednisone  
 Rhinocort  
 Singular  
 Symbicort  
 Tylenol with Codeine  
 Zyrtec (Cetirizine)  
 Xopenex

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2. Medication Start Date

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(ddMMMyyyy)

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3. Currently taking?

- Yes  
 No

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4. Dose

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5. Frequency

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