

PATIENT INSTRUCTIONS

Section	1	In the boxes provided, print your name, address, and telephone number.
Section	2	Check the box <input type="checkbox"/> for the statement that is true for you and sign your name in the space provided to show you agree with the statement. You must agree to the statement in order to receive medication for you and the other individuals listed on the form.
Section	3	Turn the form so the household address is sideways on the right side of the page in order to fill in Section 3. Write the first and last name and date of birth of all individuals for whom you are picking up medication. You will need an additional form if you are picking up medication for more than five individuals.
Section	4	Turn the form so that the address is at the top of the page. Write in the weight in pounds (lbs) for any individual weighing less than 99 pounds (99 lbs) for whom you are picking up medication.
Section	5	Please answer the medication questions for each person by circling YES or NO for each question. Note that <i>allergic reaction</i> may include hives, difficulty breathing or swallowing, wheezing, swelling of the face or throat, or redness of the skin.

Patient Guide to Medications

Accutane®	is also known as isotretinoin .
Coumadin	is also known as Coumarin® and Warfarin® .
Digoxin	is also known as Lanoxin® .
Lithium	is also known as Eskalith CR® , Eskalith® , and Lithobid® .
Methotrexate	is also known as "MTX," amethopterin, Rheumatrex®, and Trexall® .
Probenecid	is also known as Benemid® .

STAFF INSTRUCTIONS

Please make sure all of the contact information at the top of the form is complete. If the information is incomplete, assist the person to complete the form or direct the person to the medical screening area.

If the person indicates a **weight of less than 99 pounds in Section 4**, his/her dose will need to be adjusted accordingly.

If all boxes in **Section 5** are marked **NO**, direct the individual to the **doxycycline** dispensing area.

If any questions in **Section 5** are marked **YES**, ask questions to determine if a person is currently taking a medication of concern should ciprofloxacin be started or if the person is allergic to ciprofloxacin. Note that *allergic reaction* means "hives, difficulty breathing or wheezing, or redness of the skin."

THEN...

If the answers to questions **A and B** in the "Staff Use Only" are marked **NO**, the person referred to in this column should receive **ciprofloxacin**. Direct them to the **ciprofloxacin** dispensing area.

If an answer to **questions A and B** as asked by staff is **YES**, direct this person to medical screening.

Staff Guide to Medications

Cyclosporine	is also known as Neoral® , Sandimmune® , and Gengraf® .
Glyburide	is also known as Diabeta® , Glynase® , and Micronase® .
Quinolones	is also known as Cipro® , ciprofloxacin , levofloxacin , and Levaquin® .
Ropinirole	is also known as Requip® .
Theophylline	is also known as Bronkodyl® , Elixophyllin® , Slo-bid® , Slo-Phyllin® , Theo-24® , Theo-Dur® , Theolair® , and Uniphyll® .

Staff Guide for Dispensing

Complete the dosing section for doxycycline or ciprofloxacin including milliliters or number of tablets and milligrams dispensed. Peel the bar code sticker off of the medication bottle and affix it to the form in the lot number/bar code space that lines up with the name of the person who received that medication. Hand-write in the lot number should the bottle not have lot label stickers.