BP-A788.060
SEP 03

INMATE REQUEST FOR OVER-THE-COUNTER MEDICATION

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Inmate	Reg. No.
I certify that I have less than $6.00 in my commissary amount as of this date _____	
Inmate Signature	

You may select no more thank two items from this list. Present this completed form to the pharmacy at pill line on the designated day. The item(s) you select will be distributed to you at a time designated by the institution.

Acetaminophen 5 gr tablets	_____
Aspirin 5 gr Tablets	_____
Chlorpheniramine 4 mg Tablet	_____
Hydrocortisone Cream 0.5%	_____
Mylanta II/Maalox Plus Liquid	_____
Milk of Magnesia Liquid	_____
Psyllium muciloid Powder SF	_____
Selenium 1% Shampoo	_____
Simethicone 40 mg Tablets	_____
Tolnaftate 1% Cream	_____

(This form may be replicated via WP)