

Over the Counter (OTC) Medication Prescription Request Form

For Flexible Spending Account Reimbursements or Health Reimbursement Arrangements

Patient Instructions: To obtain a prescription for OTC medications, complete the following:

1. Fill out your personal information and OTC Name fields below, one medication per line.
2. Return this form to your physician for approval by fax (preferred), mail or in person.
- 3a. Once signed and returned by your physician, send this form, receipt, and your claim form to your FSA or HRA carrier for reimbursement, **OR...**
- 3b. If you have not already purchased the medication and want to use an FSA-issued benefits card for payment, take this form to be filled as a prescription at a pharmacy.

WARNING: You should not take aspirin, ibuprofen (Advil, Motrin, etc), or naproxen (Aleve) if you are currently taking warfarin (Coumadin), or have a history of ulcer disease or kidney disease.

Today's Date	Patient Name	Phone number	Address	Date of Birth
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1.	OTC Name	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
2.	OTC Name	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
3.	OTC Name	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
4.	OTC Name	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
5.	OTC Name	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
6.	OTC Name	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
7.	OTC Name	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
8.	OTC Name	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills

----- **Prescribers' Use Only Below This Line** -----

Prescriber's address	Prescriber's name
Last line number completed	Signature (no stamps)

Physician instructions: Review, complete blank fields, sign, and return to patient. Strikethrough and initial any lines you do not approve.

For more information, please see the IRS website at www.irs.gov/irs/article/0,,id=227301,00.html
 For additional copies of this form see www.deancare.com/otcflex

IRS regulations now require you to have prescriptions for over-the-counter (OTC) drugs in order to have them reimbursed by your flex spending program. Your physician will review and issue a prescription to you by signing this form, if deemed appropriate. Please note that you are not guaranteed a prescription.

Purchase your over-the-counter medications as you normally would. You do not need to take this form to be filled at a pharmacy unless you want to pay with an FSA- or HRA-issued benefits card.