

## DRUG WRITE-UP

1. Generic Name \_\_\_\_\_  
Trade Name(s) \_\_\_\_\_
2. Dosage forms available. Identify drug product as to color, shape, size, etc.
3. To what chemical and/or therapeutic class does this drug belong? Give similar products, if any.
4. Special auxiliary labels required on the container or label.
5. Legal status of the drug.  
  
Rx  
  
DEA Schedule        II        III        IV        V
6. Storage requirements.
7. Principle indications of the drug product.
8. Precautions in the use of the drug.
9. Principal side effects.
10. Contraindications.
11. Significant drug interactions.
12. Information the pharmacist should tell the patient about this product when he dispenses it.

Student Name \_\_\_\_\_

*\*If additional space is necessary, please attach pages.*