



Pharmacy Self-Care Program

Evans Army Community Hospital

CPT Dennikeya Randolph, OIC Outpatient Pharmacies

October 17, 2024



Program Goal:

- To improve access to care at the MTF by freeing up appointments related to pain, cough, cold and seasonal allergy ailments.
- To optimize patient participation in their personal health care.
- To provide counseling and patient-desired service at the most valued added and cost-effective point of service.



How Do We Get Meds??

Evans Army Community Hospital Self-Care Program
Non-Prescription Request Form

1. Seal back of Rx at the Kiosk. 2. Select "Order as Patient" when prompted. 3. Select "Non-Prescription". 4. Tap to confirm selection.

Patient Name: _____ Date of Birth: _____ Age: _____

DoB ID Number: _____ Screening Criteria: _____ YES NO

Is the patient younger than 12 years old? _____

Is the patient currently pregnant or breastfeeding? _____

Is the patient on a Special Duty Status (Right Stuff, Arming Use of Toxic, Prevent Reliability Program)? _____

Is the patient visiting an alternative clinic or scheduling an appointment with your primary care provider? _____

My signed below, I certify that the above information is true and I am aware of the conditions that would lead to the denial of service if I provided any false information.

For questions about this item or if you need assistance with the ability to self-care under specific circumstances, please contact the Self-Care Center at 719-536-2000 or 719-536-2001 or 719-536-2002 if your symptoms continue or worsen.

For questions about the request for refilling or replacing prescriptions of the requested medications, please contact the Pharmacy.

Provider/Caregiver: _____ Signature: _____ Date: _____

Place an "X" next to the requested medication. MAX OF 3 ITEMS PER BENEFICIARY PER MONTH

Item	Generic Name	Common Name	Strength	Quantity	Quantity Unit
<input checked="" type="checkbox"/>	Toradol 30mg Oral Caplets	Cotadol	5 years	14 tablets	
<input checked="" type="checkbox"/>	Gantrelan 1.25mg Oral Tablets*	Motrin	12 years	10 tablets	
<input checked="" type="checkbox"/>	Combigan/OTC 400 mg/100 mg/100 mg*	Motrin DM	17 years	20 tablets	
<input checked="" type="checkbox"/>	Sudafed 12.5mg Oral Syrup	Actifed	2 years	30 mL	
<input checked="" type="checkbox"/>	Acetaminophen 325mg Oral Tablets*	Tylenol	3 years	50 tablets	
<input checked="" type="checkbox"/>	Benepac 20mg Oral Tablets*	Maxair	12 years	50 tablets	
<input checked="" type="checkbox"/>	Advil 100mg Oral Caplets	Advil	12 years	50 tablets	
<input checked="" type="checkbox"/>	Sudafed 6.5mg Nasal Spray	Acton	7 years	44 mL	
<input checked="" type="checkbox"/>	Diphenhydramine 25 mg Tablets*	Benadryl	6 years	21 tablets	
<input checked="" type="checkbox"/>	Cetirizine 10 mg Tablets	Zyrtec	6 years to 12 years	21 tablets	
<input checked="" type="checkbox"/>	Levocetirizine 10 mg Tablets	Cetirizine	6 years	21 tablets	
<input checked="" type="checkbox"/>	Cycloheximide 0.50% Nasal Spray*	Alfrin	6 years	30 mL	
<input checked="" type="checkbox"/>	Histadine 50 mg Nasal Spray*	Flonase	4 years	10.8 mL	

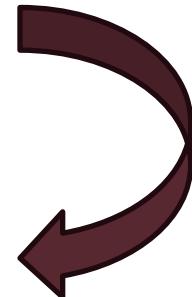
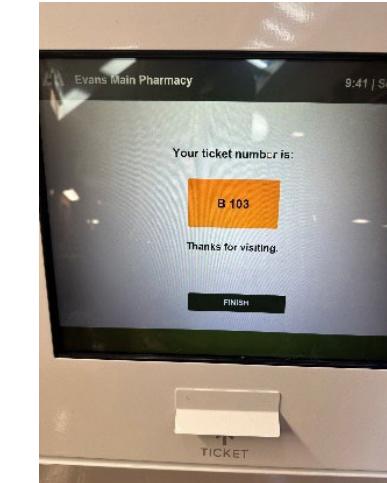
Would you like to repeat a previous request? _____ YES NO

*If present, please bring in a healthcare professional before use.

FOR INTERNAL USE: All items will be entered into the patient's electronic health record (EHR/OTC) as the provider.

Pharmacy Staff Name: _____ Date: _____

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QUESTIONS

