



### Example 2

**Pharmacy Inc.** #0012 **Ph: 212-555-0102**

100 Main Street, New York, NY 10068

Rx#: 8145973-02 Tx: 8063264

**Michael Brown DOB: 06/04/XX**

(718) 554-1984

461 Park Place, Brooklyn, NY 11202

**EpiPen® Jr. (0.15 mg)**

**administer one dose (0.15mg) via autoinjection as needed for signs of anaphylaxis including: difficulty breathing; difficulty swallowing; hives; loss of consciousness; severe vomiting, diarrhea or abdominal cramps.**

Prescriber: **Nancy Wallace MD (718) 564-9832**

221 Stream Place, Brooklyn, NY 11202

Refillable: 0 times QTY: 1 injector R.Ph. Init: RSL

Date filled: 7/15/XX Orig. Date: 7/15/XX Exp. date: 7/15/XX

1. Is this medication over-the-counter or prescription? How can you tell?

*Prescription. The medication package has a pharmacy label, which is for a specific child, Michael Brown.*

2. Is this medication a brand name or generic name medication? How can you tell?

*Brand name. The medication name, EpiPen, has the ® symbol after it.*