

PRESCRIBING INFORMATION

For each of the therapeutic categories below, please indicate in the appropriate column how many times in an average week you prescribe, recommend or administer a product in that category.

(Please check one box for each category)

<u>Drug Categories</u>	NUMBER PER WEEK					
	0	1-2	3-5	6-10	11-19	20+
Alzheimer's Therapy						
Analgesics - Narcotic (Rx)						
- Non Narcotic (Rx)						
Antianginals						
Antiasthmatics - Inhaled Steroid						
- Bronchodilators						

Antiarthritics						
Antibiotics						
Anticholesterol						
Antidepressants						
Antidiabetics						

Antifungals						
Antihistamines/Antiallergy						
Antihypertensives - Ace Inhibitors						
- Calcium Channel Blockers						
- Angiotensin II Antagonist						

Antimigraine Therapy						
Antiobesity Therapy						
AntiParkinson Therapy						
Antipsychotics						
Antistroke Therapy						
Antivirals						

Contraceptives						
Dermatologicals						
Erectile Difficulties						
Gastro Therapy						
Hormonal Therapy						
Oncology Therapy						
Smoking Cessation Therapy						

<u>OTC Recommendations</u>	0	1-2	3-5	6-10	11-19	20+
Analgesics						
Cough/Cold Preparations						
Nutritional						
Vitamins						

Please complete and return with your questionnaire.

«BARCODE»