

United States Medication Form

Generic Name or Active Pharmaceutical Ingredient	
Used to Treat ( Name of disease or illness)	
Prescription? Y/N	
Is Medication available in the US? Y/N	
Daily Dosage	
Form (pills, capsules, liquids,herbs,injections,etc)	
Units(amount of doses)	
Value (total \$ per line)	
Manufacturer's Name and Address	

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