**YOUR OVER-THE-COUNTER PAIN MANAGEMENT OPTIONS**

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You have been taking prescription medication for your pain. Sometimes, or perhaps all the time, this does not take care of all the pain, and you feel you need to do or take something else to carry on. DO NOT DRINK ALCOHOLIC BEVERAGES WITH YOUR PRESCRIPTION MEDICATIONS TO LESSEN YOUR PAIN! (Or even worse, do not borrow medication from other people or be tempted to get some from the street!!!!!)

We have listed medications you can purchase over-the-counter for pain, and the usual way to take them. We have also reviewed all your medications and supplements you have told us you take, and have checked off which can be taken safely as directed. If more than one is checked, it’s OK to take at the same time or when you’ve already started taking one of the others. It’s better to try one at a time to see what works and what doesn’t work.

Remember, these are to be added to how you normally take your prescription medication. If you need further help, talk to the pharmacist at the pharmacy you normally buy from. He or she will be very happy to talk and help you work through this. Or call any of us during office hours. We’ll be glad to help, too.

[ ] Acetaminophen (e.g. Tylenol): 1 or 2 tablets of 500 mg 4 times a day by mouth for sharp pain up to 3000mg/day

[ ] Ibuprofen (e.g. Motrin, Advil): 1 or 2 tablets (or capsules) of 200 mg 4 times a day **with food**

for burning pain

[ ] Naproxen (e.g. Naprosyn): 1 or 2 tablets of 250 mg up to 3 times a day **with food**

for burning pain

[ ] Magnesium Oxide (e.g. Mag-Ox): 400 mg tablet by mouth once a day by mouth for pain not

 relieved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Menthol skin products (e.g. Icy Hot) products as directed on the package for local pain

[ ] Aspirin cream/gel (e.g. Aspercreme) as directed on the package for local burning pain

[ ] Alternative Product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Instructions:

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Date: \_\_/\_\_/\_\_