Roger's Family Pharmacy
Shopping List
605-665-8042
rftfpharmacy@gmail.com

Please fill out the following information and return to the pharmacy.
Staff will contact you with any questions they have. If an item is not available staff will notify you or Pharmacists will substitute appropriately. If you have any questions please call.

Name: _____
Address: _____
Phone Number: _____

Notes for Pharmacy staff: _____
_____
_____
_____
_____

Please use curbside pick up for orders.
Delivery is available on order over $20.00 but allow 48 hours to accommodate delivery schedules.

Roger's Family Pharmacy
Shopping List

Please mark the items you would like to receive.

____ Hand Sanitizer _____ Pulse Oximeter ____ Toilet Paper ____ Antibacterial Hand Wipes

First Aid

____ Bandaids (multi pack)
____ Rolled Gauze
____ Antibiotic Ointment
____ Calamine Lotion
____ Hydrocortisone Cream
____ Epsom Salt
____ First Aid Kit
____ First Aid Tape
____ _____

Cough & Cold

____ Cough Drops
____ Cough Syrup
____ Nasal Spray
____ Vapor Rub
____ Decongestants
____ Antihistamine
____ _____
____ _____
____ _____

Pain Relievers

____ Tylenol - Acetaminophen
____ 325 mg or ____500 mg
____ Tylenol PM
____ Aspirin 325mg
____ Low Dose 81mg Aspirin
____ Aleve
____ Ibuprofen
____ _____
____ _____

Stomach

____ Tums
____ Pepto Bismol
____ Magnesium Citrate
____ Gas Relief
____ Omeprazole (Prilosec)
____ Anti Diarrheal
____ Hemorrhoid Cream
____ Stool Softener
____ MiraLax
____ _____
____ _____

Back and Body

____ Icy Hot
____ Aspercreme
____ Fungal Foot Cream
____ Gold Bond Powder
____ Lidocaine Patches
____ Ice Packs
____ Hot Water Bottle
____ Salonpas Patches
____ Heating Patch
____ Electro Stim Kit
____ _____

Hygiene Products

____ Shampoo
____ Conditioner
____ Body Soap
____ Deodorant
____ Toothpaste
____ Toothbrush
____ Mouthwash
____ Lotion
____ Tampons/Pads
____ Powder
____ Denture Adhesive

Kids

Please note age of child _____

____ Tylenol
____ Liquid or ____ Chewable
____ Ibuprofen
____ Gas Drops
____ Nausea Relief
____ Cough Medication
____ Allergy Medication
____ Pedialyte
____ Vitamins
____ Baby Shampoo
____ Baby Lotion
____ Diaper Rash Cream
____ Diapers***
____ Baby Wipes***

Vitamins

Please write in what vitamins you are in need of

_____
_____
_____
_____

Eye Drops

____ Lubricating
____ Allergy
____ Contact Solution
____ Eye Wash

Miscellaneous

____ Batteries
____ Pill Box
____ Fingernail Clippers
____ Nail Files
____ Chapstick
____ Nebulizer
____ Humidifier
____ Vaporizer
____ Boxed Cards
____ Phone Charger
____ Essential Oil
____ _____
____ _____

***Allow 48 hours so we can special order