Steven W. Schierholt, Esq.
Executive Director

John R. Kasich
Governor

DRUG ADDENDUM LIST

For Limited Licenses Only

TDDD License Number (leave blank if new application):

Location License Name:

Date:

Brand/Generic Name	Strength to be stocked	Dosage Form

Duplicate this form as necessary

Medical Director Name	Signature	Date

Document must be notarized:

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Sworn to and signed before me this date:

_____
(Date)

_____
(Signature of Notary)

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