

Name: _____ Date: _____

Drugs 1-10

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|-----------------------------------------|-----------------|
| 1. allopurinol | A. zithromax |
| 2. Alprazolam | B. Norvasc |
| 3. Amlodipine | C. Lipitor |
| 4. Amoxicillin | D. wellbutrin |
| 5. Amoxicillin/Potassium Clavulanate ER | E. Augmentin XR |
| 6. Amphetamine / Dextroamphetamine | F. Adderall |
| 7. Atenolol | G. Tenormin |
| 8. Atorvastatin | H. Xanax |
| 9. Azithromycin | I. zyloprim |
| 10. bupropion | J. Amoxil |