Name: _____ Date: _____

Psychiatric Medication

WELLBUTRIN
TRINTELLIX
THORAZINE
STRATTERA
TRILEPTAL
TRAZADONE
NEURONTIN
RISPERDAL
TEGRETOL
PROLIXIN
RESTORIL
ADDERALL
CONCERTA
CYMBALTA
CLOZARIL
COGENTIN
KLONOPIN
SEROQUEL
DEPAKOTE
LAMICTAL
TOPOMAX
ABILIFY
ZYPREXA
RITALIN
REMERON
EFFEXOR
LITHIUM
HALDOL
GEODON
CELEXA
ZOLOFT
PROZAC
BUSPAR
ATIVAN
XANAX
PAXIL