

What's in your medicine cabinet?
Ask Rex.

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How It Works

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Get Started

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[SIGN UP](#)

Already Have An Account?

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[SIGN IN](#)

Sign Up

First Name

Email

Password

SIGN UP

Already have an account?

Sign In

Rex

Sign In

Email

Password

SIGN IN

Forgot Password

Don't have an account yet? [Sign up](#)

01

Welcome to **Rex!**



Etiam porta sem malesuada magna mollis euismod. Etiam porta sem malesuada magna mollis euismod. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec ullamcorper nulla non metus auctor fringilla. Nullam quis risus eget urna mollis ornare vel eu leo.

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NEXT →

02

A Little About You



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Gender

Age

State

City

BACK

NEXT

03

Pregnancy Information



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Are you pregnant?

Due Date

BACK

NEXT

04

Add Household Members

ADD A MEMBER

OR

← BACK

NEXT →

04

Add Household Members

Etiam porta sem malesuada magna mollis euismod. Etiam porta sem malesuada magna mollis euismod. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec ullamcorper nulla non metus auctor fringilla. Nullam quis risus eget urna mollis ornare vel eu leo.

First NameGenderAgePregnant?Due Date

04 Household Members

Etiam porta sem malesuada magna mollis euismod. Etiam porta sem malesuada magna mollis euismod. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec ullamcorper nulla non metus auctor fringilla. Nullam quis risus eget urna mollis ornare vel eu leo.

| | | | |
|---|--------|--------|----|
|  | Olivia | FEMALE | 39 |
|  | Hugo | MALE | 8 |

ADD

← BACK

NEXT →

05

Thank You!



DONE

Etiam porta sem malesuada magna mollis euismod. Etiam porta sem malesuada magna mollis euismod. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec ullamcorper nulla non metus auctor fringilla. Nullam quis risus eget urna mollis ornare vel eu leo.

My Profile

Welcome to Rex!

Edit 

Thank you for signing up. To take full advantage of the features that ReX has to offer, please complete your profile and add your family members. This information will better help us in providing you warnings and recalls about drugs in your virtual drug cabinet.

[Go to My Profile](#)

My Household



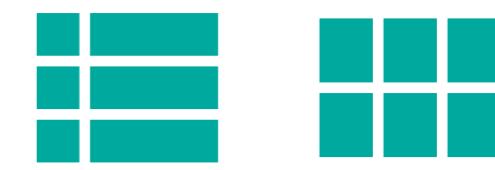
| Name | Age | Gender | Pregnant? | |
|--|-----|--------|-------------|------------------------|
|  Olivia | 39 | FEMALE | Yes (MM/DD) | Update |
|  Hugo | 8 | MALE | ... | Update |
|  Lily | 6 | FEMALE | ... | Update |

Donec id elit non mi porta gravida at eget metus. Integer posuere erat a ante venenatis dapibus posuere velit aliquet.

ADD DRUG



My Drug Cabinet

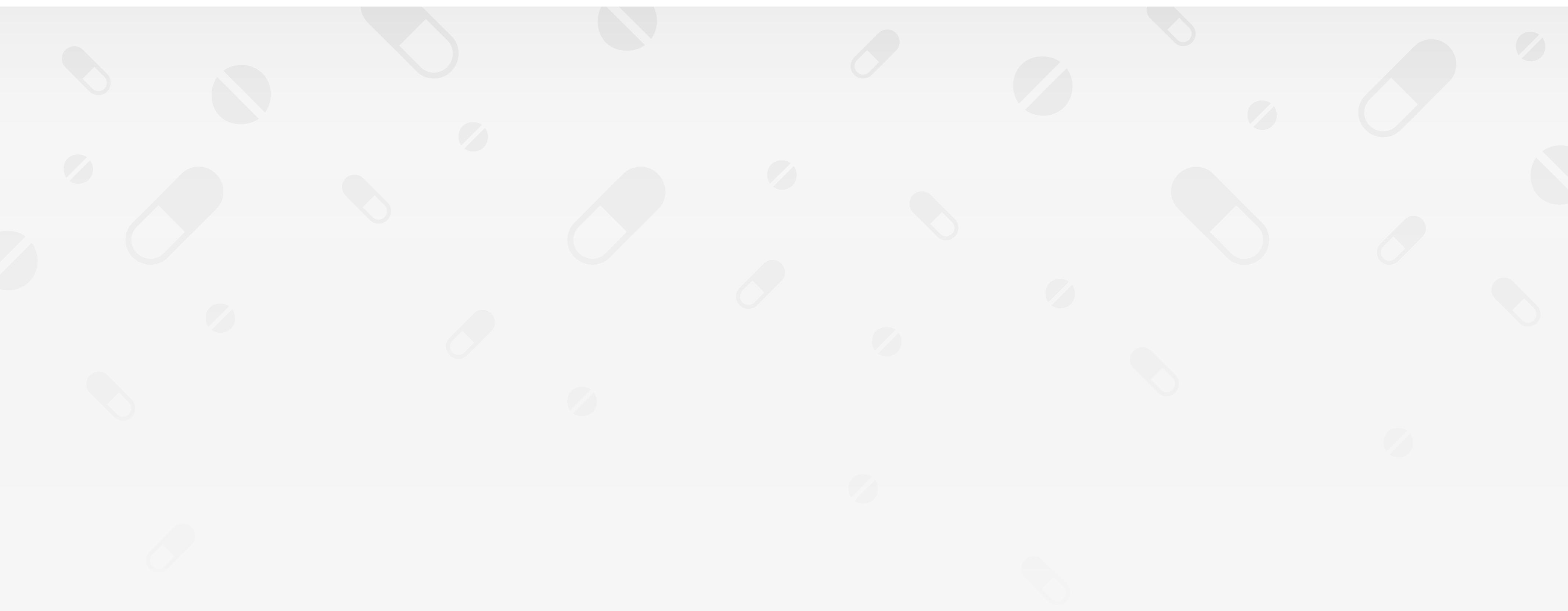
Filter by : **All**

Add
a Drug



Add Drug

Search (brand, drug Name, primary ingredient, etc)





Add Drug

Search (brand, drug Name, primary ingredient, etc)



- Advil Allergy Sinus Oral
- Advil Congestion Relief oral
- Advil Liqui-Gel Oral
- Advil Migraine Oral
- Advil Multi-Symptom Cold Oral Advil Oral
- Advil PM Oral
- Children's Advil Allergy Sinus Oral



Add Drug

Search (brand, drug Name, primary ingredient, etc)



- [**Advil Allergy Sinus Oral**](#)
- [**Advil Congestion Relief oral**](#)
- [**Advil Liqui-Gel Oral**](#)
- [**Advil Migraine Oral**](#)
- [**Advil Multi-Symptom Cold Oral Advil Oral**](#)
- [**Advil PM Oral**](#)
- [**Children's Advil Allergy Sinus Oral**](#)



Add Drug

Search (brand, drug Name, primary ingredient, etc)



Advil PM

ADD TO MY CABINET

Uses Warnings Recalls Pregnancy & Breast Feeding

Indications and Usage

Uses for relief of occasional sleeplessness when associated with minor aches and pains helps you fall asleep and stay asleep.

Dosage and Administration

Do not take more than directed. Adults and children 12 years and over: take 2 capsules at bedtime. Do not take more than 2 capsules in 24 hours

Purpose

Nighttime sleep-aid Pain reliever.



My Drug Cabinet

Filter by : All

Drug Name
Exp: MM/DD/YYYY



Drug Name
Exp: MM/DD/YYYY



RECALL
Drug Name
Exp: MM/DD/YYYY



Drug Name
Exp: MM/DD/YYYY



Drug Name
Exp: MM/DD/YYYY



Drug Name
Exp: MM/DD/YYYY



My Drug Cabinet

Filter by :

All

BRAND NAME

Advil
Bayer
Motrin

ACTIVE INGREDIENT

Acetaminophen
Aspirin
Ibuprofen

DRUG TYPE

Over-the-counter
Prescription



Drug Name

Exp: MM/DD/YYYY



Drug Name

Exp: MM/DD/YYYY



CALL

Name

Exp: MM/DD/YYYY



Drug Name

Exp: MM/DD/YYYY



Drug Name

Exp: MM/DD/YYYY



Drug Name

Exp: MM/DD/YYYY



Advil PM

Uses Warnings Recalls Pregnancy & Breast Feeding

Expiration Date: MM/DD/YYYY



Update expiration date 

Delete this drug 



Pregnancy/Breastfeeding Warning

This drug is....curabitur blandit tempus porttitor. Donec id elit non mi porta gravida at eget metus. Donec ullamcorper nulla non metus auctor fringilla. Morbi leo risus, porta ac consectetur ac, vestibulum at eros. Duis mollis, est non commodo luctus, nisi erat porttitor ligula, eget lacinia odio sem nec elit.

Indications and Usage

Uses for relief of occasional sleeplessness when associated with minor aches and pains helps you fall asleep and stay asleep.

Dosage and Administration

Do not take more than directed. Adults and children 12 years and over: take 2 capsules at bedtime. Do not take more than 2 capsules in 24 hours

Purpose

Nighttime sleep-aid Pain reliever.

Advil PM

Uses Warnings



Pr
This
me
cor
ligu

Indications

Uses for relief of

: MM/DD/YYYY



Expiration date 

Update this drug 

Expiration Date

MM/DD/YYYY

UPDATE

CANCEL

Dosage and Administration

Do not take more than directed. Adults and children 12 years and over: take 2 capsules at bedtime. Do not take more than 2 capsules in 24 hours.

Purpose

Nighttime sleep-aid Pain reliever.

Advil PM

Uses Warnings



Pr
This
me
cor
ligu

Indications

Uses for relief of

: MM/DD/YYYY



Expiration date 

Delete this drug 

Get

Report

ep.

Delete Drug

Are you sure you want to remove
this drug from your cabinet.

DELETE

CANCEL

Dosage and Administration

Do not take more than directed. Adults and children 12 years and over: take 2 capsules at bedtime. Do not take more than 2 capsules in 24 hours

Purpose

Nighttime sleep-aid Pain reliever.



Advil PM

Uses Warnings Recalls Pregnancy & Breast Feeding

Expiration Date: MM/DD/YYYY



Update expiration date 

Delete this drug 

Date: MM/DD/YYYY

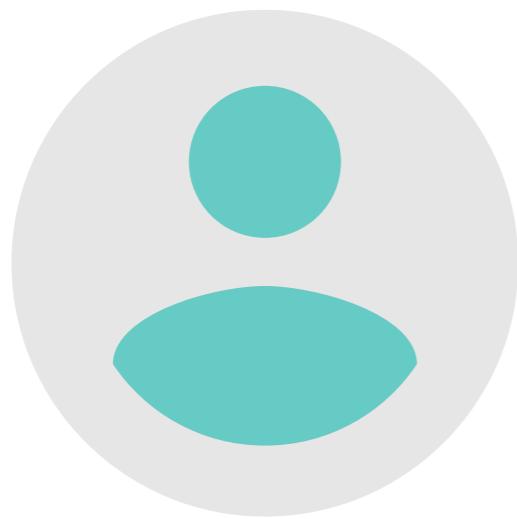
Status: Ongoing

Reason for Recall: -

City: Washington

State: DC

My Profile



Andy Osnard

Male
Washington, DC
andy.osnard@domain.com

Edit 

[Change Password](#)

My Household



| Name | Age | Gender | Pregnant? | |
|--|-----|--------|-------------|------------------------|
|  Olivia | 39 | FEMALE | Yes (MM/DD) | Update |
|  Hugo | 8 | MALE | ... | Update |
|  Lily | 6 | FEMALE | ... | Update |

Donec id elit non mi porta gravida at eget metus. Integer posuere erat a ante venenatis dapibus posuere velit aliquet.

My Profile



My Household

| Name |
|--|
|  Olivia |
|  Hugo |
|  Lily |

Update Profile

Andy

Male

32

DC

Washington

andy@domain.com

UPDATE

CANCEL

Edit 

Update

Update

Update

Donec id elit non mi porta gravida at eget metus. Integer posuere erat a ante venenatis dapibus posuere velit aliquet.

My Profile



My Household

| Name |
|--|
|  Olivia |
|  Hugo |
|  Lily |

Household Member

First Name

Gender

Age

Pregnant?

Due Date

DONE

Edit 

Update

Update

Update

Donec id elit non mi porta gravida at eget metus. Integer posuere erat a ante venenatis dapibus posuere velit aliquet.

My Profile



My Household

| Name |
|--|
|  Olivia |
|  Hugo |
|  Lily |

Current Password

New Password

Confirm New Password

UPDATE

CANCEL

6

FEMALE

...

Edit 

Update

Update

Update

Donec id elit non mi porta gravida at eget metus. Integer posuere erat a ante venenatis dapibus posuere velit aliquet.