

PRESCRIPTION

`` **Patient Information** **Name**: [Patient's Name] **Age**: [Patient's Age] **Sex**: [Patient's Sex] **Address**: [Patient's Address] **Date**: [Date of Issuance] --- ### Prescription: 1. **Meclizine 25 mg** **Sig**: Take 1 tablet orally 1 hour before travel or as needed for vertigo episodes. **Dispense**: 30 tablets 2. **Diazepam 5 mg** **Sig**: Take 1 tablet orally at bedtime for anxiety-related dizziness as needed. Short-term use only. **Dispense**: 10 tablets --- **Doctor's Information** **Name**: [Doctor's Name] **License No.**: [License Number] **Clinic/Institution**: [Clinic/Institution Name] **Contact Number**: [Contact Number] --- **Signature**: _____ **Date**: [Date of Signing] ``