

PRESCRIPTION

****PRESCRIPTION**** ****Patient Information**** ****Name:**** [Patient Name] ****Age:**** [Patient Age]
****Sex:**** [Patient Sex] ****Address:**** [Patient Address] ****Date:**** [Date of Prescription] --- ****For**
Chest Pain and Shortness of Breath** 1. ****Aspirin 81 mg (Chewable)**** - ****Sig:**** Take 4 tablets
(324 mg) orally once. - ****Disp:**** 4 tablets 2. ****Clopidogrel 75 mg**** - ****Sig:**** Take 1 tablet orally
once daily. - ****Disp:**** 30 tablets 3. ****Nitroglycerin 0.4 mg (Sublingual Tablets)**** - ****Sig:**** Take 1
tablet under the tongue for chest pain, may repeat every 5 minutes up to 3 doses. - ****Disp:**** 6
tablets 4. ****Furosemide 40 mg**** - ****Sig:**** Take 1 tablet orally once daily as needed based on fluid
retention. - ****Disp:**** 20 tablets 5. ****Omeprazole 20 mg**** - ****Sig:**** Take 1 capsule orally once
daily before meals. - ****Disp:**** 30 capsules 6. ****Amoxicillin 500 mg**** (if pneumonia is confirmed) -
****Sig:**** Take 1 capsule orally three times daily for 7-10 days. - ****Disp:**** 21 capsules ****Or****
****Azithromycin 500 mg**** - ****Sig:**** Take 1 tablet orally once daily for 5 days. - ****Disp:**** 5 tablets 7.
****Paracetamol 500 mg**** - ****Sig:**** Take 1 tablet every 6 hours as needed for pain. - ****Disp:**** 20
tablets --- ****Physician's Signature**** [Doctor's Name, License No.] [Contact Information]