

PRESCRIPTION

`` ` **Patient Name:** [Patient's Full Name] **Date:** [Today's Date] **Patient ID:** [Patient ID or Number] **Rx** 1. **Nitroglycerin** - **Quantity:** [Quantity, e.g., 6 tablets] - **Sig:** Take 1 tablet sublingually every 5 minutes as needed for chest pain, up to 3 tablets within 15 minutes. If symptoms persist, seek emergency medical help. 2. **Enoxaparin (if pulmonary embolism suspected)** - **Quantity:** [Quantity] - **Sig:** 1 mg/kg subcutaneously every 12 hours. 3. **Lorazepam (if anxiety suspected)** - **Quantity:** [Quantity] - **Sig:** Take 1 tablet orally every 6 hours as needed for anxiety. 4. **Omeprazole (if GERD indicated)** - **Quantity:** [Quantity, e.g., 30 capsules] - **Sig:** Take 1 capsule orally once daily before meals. **Notes:** Monitor for side effects. Report any worsening symptoms immediately. `` `