

PRESCRIPTION

****Prescription**** ****Date:**** [Insert Date] ****Patient Name:**** [Insert Patient's Full Name] ****Address:**** [Insert Patient's Address] ****Age:**** [Insert Age] ****Sex:**** [Insert Gender] ****Medications:**** 1. ****Aspirin**** - ****Quantity:**** 30 tablets - ****Sig:**** Take 81 mg once daily with water, preferably after meals. 2. ****Nitroglycerin sublingual tablets**** - ****Quantity:**** 12 tablets - ****Sig:**** Place 0.4 mg under the tongue at onset of chest pain. Repeat once if pain persists, up to 3 tablets in 15 minutes. Seek medical help if pain worsens. 3. ****Albuterol Inhaler**** - ****Quantity:**** 2 inhalers - ****Sig:**** Inhale 2 puffs every 4-6 hours as needed for shortness of breath or wheezing. ****Signature:**** _____ ****[Doctor's Name]**** ****[Doctor's Contact Information]**** ****[Medical License Number]****