

# PRESCRIPTION

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`` RX \*\*Patient Name:\*\* [Not provided] \*\*Patient Age:\*\* [Not provided] \*\*Patient Gender:\*\* [Not provided] \*\*Date of Examination:\*\* [Not provided] --- \*\*Chief Complaint:\*\* Headache and unilateral hearing loss with recent exposure to cat. ### \*\*Therapeutic Medications\*\* \*\*1. Analgesics for Headache Relief:\*\* - \*\*Medication:\*\* Ibuprofen - \*\*Dosage:\*\* 400 mg orally every 6-8 hours as needed - \*\*Quantity:\*\* 30 tablets - \*\*Refills:\*\* 1 refill - \*\*Instructions:\*\* Use the lowest effective dose for the shortest duration necessary. Do not exceed 3,200 mg per day. \*\*OR\*\* - \*\*Medication:\*\* Acetaminophen - \*\*Dosage:\*\* 500 mg orally every 4-6 hours as needed - \*\*Quantity:\*\* 30 tablets - \*\*Refills:\*\* 1 refill - \*\*Instructions:\*\* Do not exceed 4,000 mg per day. --- \*\*2. Antihistamines for Allergy Management:\*\* - \*\*Medication:\*\* Cetirizine (Zyrtec) - \*\*Dosage:\*\* 10 mg orally once daily - \*\*Quantity:\*\* 30 tablets - \*\*Refills:\*\* 2 refills - \*\*Instructions:\*\* Take daily to manage allergic symptoms associated with cat exposure. --- ### \*\*Lifestyle Modifications:\*\* - \*\*\*Hydration:\*\* Drink plenty of fluids to prevent dehydration. - \*\*\*Position Changes:\*\* Rise slowly from sitting or lying positions to avoid exacerbating lightheadedness. --- ### \*\*Educative Information Provided\*\* - Discussed strategies to minimize exposure to cat allergens: keep the cat out of the bedroom, use HEPA filters, and regular cleaning. - Educated on recognizing symptoms that necessitate immediate medical attention (severe headache changes, sudden neurological symptoms, changes in hearing). --- ### \*\*Follow-Up Plan\*\* - Schedule a follow-up appointment in 1 week to re-evaluate headache, lightheadedness, and hearing status. - Adjust treatment as necessary based on response and new findings. --- \*\*Physician Name:\*\* [Your Name] \*\*Physician Signature:\*\* \_\_\_\_\_ \*\*Date:\*\* [Date of prescription] \*\*Contact Information:\*\* [Your Practice Contact Info] --- \*\*Note to Pharmacist:\*\* Please provide counseling on the medications prescribed, including potential side effects and the importance of adherence to the suggested dosage and follow-up care instructions. Ensure the patient is aware of the need for medical attention should their symptoms worsen. ``