

# PRESCRIPTION

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**\*\*Patient Name:\*\*** [Insert Patient Name] **\*\*Date:\*\*** [Insert Date] **\*\*Patient ID:\*\*** [Insert Patient ID]  
**\*\*Provider:\*\*** [Insert Provider Name and Credentials] **\*\*Office/Clinic Name:\*\*** [Insert Office/Clinic Name]  
**\*\*1. Meclizine (Antivert)\*\* - \*\*Dosage:\*\* 25 mg - \*\*Route:\*\* Oral - \*\*Instructions:\*\* Take 1 tablet by mouth every 6 to 8 hours as needed for dizziness. - \*\*Duration:\*\* As needed, up to 7 days. - \*\*Refills:\*\* 1**  
**\*\*2. Ondansetron (Zofran)\*\* - \*\*Dosage:\*\* 8 mg - \*\*Route:\*\* Oral - \*\*Instructions:\*\* Take 1 tablet by mouth every 8 hours as needed for nausea. - \*\*Duration:\*\* As needed, up to 3 days. - \*\*Refills:\*\* 0**  
**\*\*Hydration Recommendation:\*\*** Encourage the patient to consume at least 2-3 liters of clear fluids daily, consider electrolyte solutions if oral intake is insufficient. **\*\*Referral:\*\*** - **\*\*Physical Therapy:\*\*** Refer to a physical therapist specializing in vestibular rehabilitation for evaluation and treatment.

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**\*\*Patient Instructions:\*\*** - Educate the patient on postural changes: rise slowly and avoid quick movements. - Schedule follow-up in 1-2 weeks; seek immediate medical attention for severe symptoms or changes. - Maintain a journal of dizziness episodes. **\*\*Allergies:\*\*** Allergic to shrimp.  
**\*\*Provider Signature:\*\*** \_\_\_\_\_ [Provider's Name, MD/DO] [Contact Information] ``