

# PRESCRIPTION

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`` \*\*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] ``