

PRESCRIPTION

``` [Physician's Name] [Medical License Number] [Clinic/Hospital Name] [Clinic Address] [Contact Number] Date: [Date of Prescription] Patient Name: [Patient's Full Name] Age: [Patient's Age] Gender: [Patient's Gender] Address: [Patient's Address] --- \*\*Prescription\*\*: 1. \*\*Ondansetron 8 mg\*\* \*\*Quantity\*\*: 15 tablets \*\*Sig\*\*: Take 1 tablet by mouth every 8 hours as needed for nausea. \*\*Instructions\*\*: - Take the tablet 30 minutes prior to meals or activities that typically trigger nausea. - If nausea persists for more than 3 days, seek further medical evaluation. --- \*\*Signature\*\*: [Physician's Signature] [Physician's Printed Name] [Contact Information] ```