

PRESCRIPTION

``` [Patient Name] [Patient Address] [Patient Phone Number] [Doctor Name] [Doctor Address]  
[Doctor Phone Number] [Date] Rx: 1. Nitroglycerin 0.4 mg Quantity: 30 tablets Sig: Take 1 tablet  
sublingually as needed for chest pain. Wait 5 minutes. If no relief, may repeat up to 3 doses. 2.  
Aspirin 81 mg Quantity: 30 tablets Sig: Take 1 tablet by mouth daily. 3. Atorvastatin 20 mg  
Quantity: 30 tablets Sig: Take 1 tablet by mouth at bedtime. 4. Metoprolol 50 mg Quantity: 30  
tablets Sig: Take 1 tablet by mouth twice daily. 5. Albuterol Inhaler Quantity: 1 inhaler Sig: Inhale 2  
puffs every 4 to 6 hours as needed for shortness of breath. [Doctor Signature] ```