

PRESCRIPTION

``` ----- PRESCRIPTION -----

Patient: [Patient's Full Name] Age: [Patient's Age] Sex: [Patient's Sex] Address: [Patient's Address] Date: [Date of Prescription] Rx Number: [Unique Prescription Number]

----- 1. Sumatriptan Quantity: 2 tablets Sig: Take 1 tablet orally at onset of migraine symptoms. May repeat after 2 hours if headache persists, not to exceed 200 mg in 24 hours. 2. Ibuprofen Quantity: 12 tablets Sig: Take 1 tablet orally every 6-8 hours as needed for headache pain. Do not exceed 1200 mg in 24 hours. 3. Amitriptyline Quantity: 30 tablets Sig: Take 1 tablet orally at bedtime. May titrate up to 25 mg after one week based on tolerance and response. 4. Sumatriptan (Subcutaneous injection) Quantity: 1 injection Sig: Administer 1 injection at onset of cluster headache. May repeat after 1 hour if necessary, not to exceed 12 mg in 24 hours. ----- ```