

PRESCRIPTION

`` Patient Name: [Patient's Name] Age: [Patient's Age] Gender: [Patient's Gender] Address: [Patient's Address] Date: [Date of Prescription] Rx: 1. Meclizine Quantity: 10 tablets Sig: Take 1 tablet 1 hour before travel or as needed for vertigo. May cause drowsiness; avoid operating heavy machinery. 2. Dimenhydrinate Quantity: 20 tablets Sig: Take 1-2 tablets every 4-6 hours as needed; maximum 8 tablets daily. Do not use with other medications causing drowsiness; consult a physician if symptoms persist for more than 3 days. ``