

# **PRESCRIPTION**

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`` \*\*Patient Information\*\* \*\*Name\*\*: [Patient's Name] \*\*Age\*\*: [Patient's Age] \*\*Sex\*\*: [Patient's Sex] \*\*Address\*\*: [Patient's Address] \*\*Date\*\*: [Date of Issuance] --- ### Prescription: 1. \*\*Meclizine 25 mg\*\* \*\*Sig\*\*: Take 1 tablet orally 1 hour before travel or as needed for vertigo episodes. \*\*Dispense\*\*: 30 tablets 2. \*\*Diazepam 5 mg\*\* \*\*Sig\*\*: Take 1 tablet orally at bedtime for anxiety-related dizziness as needed. Short-term use only. \*\*Dispense\*\*: 10 tablets --- \*\*Doctor's Information\*\* \*\*Name\*\*: [Doctor's Name] \*\*License No.\*\*: [License Number] \*\*Clinic/Institution\*\*: [Clinic/Institution Name] \*\*Contact Number\*\*: [Contact Number] --- \*\*Signature\*\*: \_\_\_\_\_ \*\*Date\*\*: [Date of Signing] ``