

PRESCRIPTION

`` PHYSICIAN'S PRESCRIPTION ----- **Patient Information:** -
Name: [Patient Name] - **Date of Birth:** [DOB] - **Date of Visit:** [Date of Visit]
----- **Medication Orders:** 1. **Meclizine (Antivert)** - **Dosage:**
25 mg (to be increased to 50 mg if needed) - **Route:** Oral - **Frequency:** Take 1 tablet 1 hour
before travel or as needed for dizziness/nausea. - **Refills:** 2 - **Dispense:** 30 tablets
Instructions: - Take with a full glass of water; may cause drowsiness; avoid operating heavy
machinery or driving. ----- 2. **Ondansetron (Zofran)** /
Promethazine (Phenergan) _ (choose one) - **[] Ondansetron** - **Dosage:** 4 mg -
Route: Oral - **Frequency:** Take 1 tablet every 8 hours as needed for nausea. - **Refills:** 2
- **Dispense:** 12 tablets - **Instructions:** Dissolve on the tongue and swallow with water; if
nausea persists for more than 24 hours, contact the clinic. - **[] Promethazine** - **Dosage:** 25
mg - **Route:** Oral - **Frequency:** Take 1 tablet every 6-8 hours as needed for nausea. -
Refills: 2 - **Dispense:** 12 tablets - **Instructions:** May cause drowsiness; avoid alcohol and
operating heavy machinery while taking. ----- **Lifestyle and Home
Management:** - **Hydration:** Encourage at least 8-10 glasses of water daily. - **Positioning:**
Advise the patient to rise slowly from sitting or lying positions. If BPPV is suspected, perform the
Epley maneuver or refer for vestibular rehabilitation therapy. **Patient Education:** - Document
episodes of dizziness (triggers, duration, intensity). - Avoid sudden head movements and quick
transitions from lying to standing. - Avoid driving or hazardous activities while symptomatic.
----- **Follow-Up:** - Schedule a follow-up appointment within 3-7
days to reassess symptoms and effectiveness of the treatment plan.
----- **Signature:** - **Provider Name:** [Provider Name] -
Title/Position: [Title/Position] - **Date:** [Date] ----- ``