## **PRESCRIPTION**

| ``` Rx Patient Name: [Patient's Name] Date of Birth: [Patient's  |
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| DOB] Date of Prescription: [Current Date] Refill: As needed (prn)  |
| Contraindicative if the patient has a history of peptic ulcer disease or hypersensitivity to NSAIDs 2. **Loratadine (Claritin)** - **Dosage**: 10 mg orally once daily - **Quantity**: 30 tablets -  |
| **Instructions**: Take at the same time each day - **Note**: Assess response; if side effects or insufficient relief, consider switching to Cetirizine 10 mg daily 3. **Fluticasone Propionate   |
| (Flonase)** - **Dosage**: 1 spray in each nostril once daily - **Quantity**: 120 sprays (1 bottle) - **Instructions**: Shake well before use and discard after 120 sprays or 2 months after opening**Diagnostic Tests:** - **CBC**: Perform at [location of laboratory]. |
| - **BMP**: Perform at [location of laboratory] **Audiometric Testing**: Schedule at an audiology clinic **CT/MRI of the Brain**: Order as necessary based on findings from neurological  |
| examination **Tympanometry**: Recommend at the ENT specialist visit. **Referral:** - **ENT Specialist**: Provider Name: [ENT Provider Name] Office Number: [ENT Office Number] Reason  |
| for Referral: Unilateral hearing loss and associated headache/lightheadedness**Additional Recommendations:** - **Hydration**: Instruct patient to  |
| drink at least 8 glasses (64 oz) of water daily unless contraindicated **Postural Safety**:  Educate about the importance of rising slowly from sitting or lying down positions.   |
| Number: [Your Contact Information] Practice Address: [Your Practice Address] Signature: (if handwritten)*Emergency   |
| Symptoms**: Instruct the patient on signs that require immediate medical attention including severe headaches, sudden changes in vision, confusion, balance issues, or significant increases in headache severity. ```   |