

Patient : **Erica Wolff**
Date of Birth : **Jan 29, 2005**
Provider : **Shannon Flahive, DO**
Visit Type : **Telehealth F/U Appointment**

Record Id : **PAT11619**
Age / Gender : **18 / Female**
Date of Visit : **Oct 23, 2023**

Rx

Prescription	Directions	Details
sertraline 50 mg oral tablet [sertraline 50 mg oral tablet]	1 tablet(s) once a day in the morning for 30 Day(s), oral route	Dispense :30 Tablet, Refill :0,Can be substituted

Lab Tests

Lab Name	Test Name
General	25-OH vitamin D
General	TSH

Lifestyle

Lifestyle recommendations

- Aim for morning sunlight daily.
- Follow a regular sleep schedule, aim for no more than one hour of variability in sleep and wake times.
- Decrease alcohol use.
- Decrease cannabis use.

Instructions

If you have any concerns, side effects or unusual symptoms, please call our office at 406-587-0810.
For any emergencies, please call 911 or go directly to your local Emergency room.

Please request additional prescription refills through your pharmacy or through your patient portal; your provider will be contacted and prescriptions filled.

Sleep hygiene instructions