



Prescription Form

Patient: _____

Pharmacy: _____

Drug Allergy: NKDA PCN Sulfa ASA Other: _____

Pharmacy #: _____

Antibiotic:

_____ Rx: **Amoxicillin** 500mg
Disp: 30 caps
Sig: 1 p.o. t.i.d. until gone
Refill: 0

_____ Rx: **Augmentin** 875/125mg
Disp: 20 tabs
Sig: 1 p.o. b.i.d. until gone
Refill: 0

_____ Rx: **Keflex** 500mg (for Abscess or Rx with Metro. for sinus infection)
Disp: 30 caps
Sig: 1 p.o. t.i.d. until gone
Refill: 0

_____ Rx: **Bactrim** 400/80mg (Rx with Keflex for Cellulitis)
Disp: 28 tabs
Sig: 1 p.o. b.i.d. until gone
Refill: 0

_____ Rx: **Doxycycline** 100mg (for Cellulitis)
Disp: 28 caps
Sig: 1 p.o. b.i.d. until gone
Refill: 0

_____ Rx: **Metronidazole** 500mg
Disp: 40 tabs
Sig: 1 p.o. q.i.d. until gone
Refill: 0

_____ Rx: **Levaquin** 750mg (Rx with Medrol for sinus infection)
Disp: 7 tabs
Sig: 1 p.o. q.d. until gone. Advise patient to report immediately if muscle/tendon pain noted
Refill: 0

_____ Rx: **Clindamycin** 300mg
Disp: 40 caps
Sig: 1 p.o. q.i.d. until gone
Refill: 0

_____ Rx: **Z-Pak**
Disp: 1 pack
Sig: Follow directions on the package
Refill: 0

Rinse:

_____ Rx: **Chlorhexidine 0.12% Oral Rinse**
Disp: 1 Bottle
Sig: Start day after surgery. Rinse with 1/2 fl. oz. for 60 sec b.i.d. and expectorate. Do not eat, drink or rinse for 30 minutes after. Use until gone
Refill: 3

Steroids:

_____ Rx: **Medrol Dosepak**
Disp: 1 Pack
Sig: Start day after surgery. Follow directions on the package
Refill: 0

_____ Rx: **Fluocinonide 0.05% Gel** 30gm (for allergic/inflammatory gum lesions)
Disp: 1 tube
Sig: Apply with Q-tip to the affected areas q.i.d. for 2 weeks
Refill: 1

_____ Rx: **Augmented Betamethasone Dipropionate Gel** 0.05% (for Lichen Planus)
Disp: 1 tube
Sig: Apply with Q-tip to the affected areas q.i.d. for 2 week
Refill: 1

Pain Medication:

_____ Rx: **Motrin** 600mg 800mg
Disp: 15 tabs
Sig: 1 p.o. q.8.h. PRN pain. May alternate with 1000mg Tylenol q.4.h.
Refill: 1

_____ Rx: **Acetaminophen** 500mg
Disp: 30 caps
Sig: 2 p.o. q.8.h. PRN pain. May alternate with 800mg Motrin q.4.h.
Refill: 1

_____ Rx: **Tylenol #3**
Disp: 12 tabs
Sig: 1 p.o. q.6.h. PRN pain. May alternate with 800mg Motrin q.4.h.
Refill: 0

_____ Rx: **Norco** 5/325mg 7/325mg 10/325mg
Disp: 12 tabs
Sig: 1 p.o. q.6.h. PRN pain. May alternate with 800mg Motrin q.4.h.
Refill: 0

_____ Rx: **Ultracet** 37.5/325mg (for Codeine allergies)
Disp: 24 tabs
Sig: 2 p.o. q.6.h. PRN pain. May alternate with 800mg Motrin q.4.h.
Refill: 0

Anti-Nausea:

_____ Rx: **Zofran** 4mg
Disp: 20 tabs
Sig: 1 p.o. q.6.h. PRN
Refill: 0

_____ Rx: **Phenergan** 25mg
Disp: 20 tabs
Sig: 1 p.o. q.6.h. PRN
Refill: 0

Anti-Fungal:

_____ Rx: **Mycelex Troche** 10mg
Disp: 70 Troches
Sig: Dissolve 1 troche in mouth 5 times per day
Refill: 0

_____ Rx: **Nystatin Oral Suspension**
Disp: 300mL
Sig: Use 1 tsp. for 2 minutes 4-5 times per day then spit out
Refill: 0

_____ Rx: **Diflucan** 150mg (for vaginal infection only)
Disp: 3 tabs
Sig: 1 p.o. stat then 1 q.72.h. until gone
Refill: 0

Anti-Viral:

_____ Rx: **Valacyclovir** 500mg (Prophylaxis)
Disp: 10 tabs
Sig: Only 2 p.o. at first sign of symptoms
Refill: 1

_____ Rx: **Valacyclovir** 500mg (for active lesions)
Disp: 10 tabs
Sig: 2 p.o. stat then 1 t.i.d. until gone
Refill: 1

Toothpaste:

_____ Rx: **Prevident** 5000
Disp: 1 tube
Sig: Apply with Q-tip to the sensitive areas and expectorate. Do not eat, drink or rinse for 30 minutes after
Refill: 5