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DEA:

Prescription Form

Patient: _____ Allergy(s): _____ Pharmacy Name & Number: _____

Antibiotic:

_____ Rx: Amoxicillin 500 mg
Disp: 21 tabs
Sig: Take 1 tab t.i.d. until all gone
Refill: 0

_____ Rx: Clindamycin 300 mg
Disp: 40 capsules
Sig: Take 1 capsule q.i.d. until all gone
Refill: 0

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

_____ Rx: Metronidazole 500 mg
Disp: 40 tabs
Sig: Take 1 tab q.i.d. until all gone
Refill: 0

_____ Rx: Augmentin 875 mg (sinus surgery only)
Disp: 14 tabs
Sig: Take 1 tab b.i.d until all gone
0 Refill: 0

_____ Rx: Levaquin 750mg (post sinus sx infect. Add Metronidazole)
** no steroid **
Disp: 7 tabs
Sig: Take 1 tab daily until all gone
Refill: 0

_____ Rx: Doxycycline hyclate, 20mg
Disp: 180 tabs
Sig: Take 1 tab BID, until all gone

Rinse:

_____ Rx: Chlorhexidine Oral Rinse 0.12%
Disp: 1 Bottle
Sig: Start day after surgery. Rinse with 1/2 fl. oz. for 60 seconds b.i.d and expectorate. Do not rinse with water afterward. Use rinse until all gone.
Refill: 3

Steroids:

_____ Rx: Medrol Dosepak
Disp: 1 Pack
Sig: follow directions on the package
Refill: 0

_____ Rx: Fluocinonide 30gm (topical steroid gel for allergic/inflammatory gum lesions)
Disp: 1 tube
Sig: Apply to the affected area q.i.d for 2 weeks.
Refill: 0

Pain Medication:

_____ Rx: Motrin 600 mg or 800 mg
Disp: 28 tabs
Sig: Take 1 tab q6h prn pain
Refill: 1

_____ Rx: Tylenol #3
Disp: 10 tabs
Sig: Take 1 tab q4h prn pain
Refill: 0

_____ Rx: Ultracet (for true Codeine allergies)
Disp: 15 tabs
Sig: Take 2 tabs q6h prn pain
Refill: 0

Anti-nausea:

_____ Rx: Phenergan 25mg
Disp: 18 tabs
Sig: Take 1 tab PO q4-6h prn
Refill: 0

Antifungal:

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

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

_____ Rx: Diflucan 150mg (for vaginal infection only)
Disp: 2 tabs
Sig: Take 1 tab stat and 2nd tab four days later
Refill: 0

Antiviral:

_____ Rx: Acyclovir 400mg (Prophylaxis)
Disp: 2 Capsules
Sig: Take 2 Capsules twice a day for 1 day
Refill: 5

_____ Rx: Acyclovir 200mg (for active lesions)
Disp: 5 Capsules
Sig: Take 1 Capsule 5 times per day for 1 day
Refill: 5

Toothpaste:

_____ Rx: Prevident 5000
Disp: 1 tube
Sig: Apply a pea size to the sensitive areas and expectorate. Do not rinse with water afterward.
Refill: 5