



Patient Name \_\_\_\_\_

Today's Date \_\_\_\_\_

## OB/GYN DISCHARGE MEDICATION ORDERS

Please Use Ballpoint Pen!

Prescriber Must Indicate						
Yes	No	Medication	Dosage Form	Strength	Quantity	No. of Refills Authorized
		Propoxyphene 100 mg w/Acetaminophen 650 mg 1-2 po q 3-4 hrs prn pain	Tab	100mg/650mg		
		Oxycodone w/Acetaminophen 1-2 po q 4-6 hrs prn pain	Tab	7.5mg/500mg		
		Acetaminophen w/Codeine 1-2 po q 3-4 hrs prn pain	Tab	#3 300mg/30mg		
		Hydrocodone w/Acetaminophen 1-2 po q 3-4 hrs prn pain	Tab	5mg/500mg		
		Meperidine with Promethazine One po q 4-6 h prn pain	Cap	50mg/25mg		
		Naproxen Sodium One po bid prn uterine cramping	Tab	550mg		
		Docusate One po bid prn constipation	Cap	100mg		
		Pramoxine w/Hydrocortisone Use as directed	Foam			
		Benzocaine 20% Use as directed on container	Topical Spray	20%		
		Ferrous Sulfate One po bid with meals	Tab	325mg		

Substitution Allowed \_\_\_\_\_ MD

Dispense as Written \_\_\_\_\_ MD

DEA NO. \_\_\_\_\_