

Name: _____ Date: _____

Medical Abbreviations

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|-----------------------------|---------------------|
| 1. Twice a day | A. q4h |
| 2. hour of sleep or bedtime | B. q |
| 3. Every | C. Cap. |
| 4. ii | D. Tab. |
| 5. i | E. 2 |
| 6. Capsule | F. SL |
| 7. Tablet | G. ac |
| 8. Over the counter | H. OTC |
| 9. sublingual | I. NPO |
| 10. Sublingual | J. OD |
| 11. by mouth | K. b.i.d. |
| 12. before meals | L. PO |
| 13. every 4 hours | M. under the tongue |
| 14. nothing by mouth | N. one |
| 15. right eye | O. qhs |