

SIG CODES

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|---------------|---------------------------|
| 1. Q | A. DROP, DROP(S) |
| 2. QOD | B. AFFECTED AREA |
| 3. TID | C. EVERY OTHER |
| 4. QID | D. DAILY |
| 5. QAM | E. EVERY NIGHT AT BEDTIME |
| 6. QHS | F. EVERY DAY |
| 7. APP | G. BOTH EYES |
| 8. AD | H. EVERY EVENING |
| 9. AU | I. THREE TIMES A DAY |
| 10. OD | J. RIGHT EYE |
| 11. OU | K. IN AFFECTED AREA |
| 12. AC | L. INHALE |
| 13. PO | M. BOTH EARS |
| 14. T, TAB | N. WHILE AWAKE |
| 15. INK | O. EVERY MORNING |
| 16. GTT, GTTS | P. AS NEEDED |
| 17. PRN | Q. BEFORE MEALS |
| 18. QD | R. LEFT EAR |
| 19. BID | S. TABLET |
| 20. D | T. RIGHT EAR |
| 21. H | U. FOUR TIMES A DAY |
| 22. QPM | V. APPLY |
| 23. WA | W. BY MOUTH/ORAL |
| 24. AA | X. TWICE A DAY |
| 25. AS | Y. EVERY |

26. AEA

Z. HOUR