

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Sig Codes 1

- |  |             |
|--|-------------|
| 1. Every day   | A. +QID     |
| 2. Five times daily.                                 | B. SOB      |
| 3. Take 1 tablet by mouth twice daily.               | C. PC       |
| 4. Take 1 tablet by mouth five times daily           | D. NI       |
| 5. TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY         | E. 1PID     |
| 6. TAKE 2 TABLETS BY MOUTH FOUR TIMES A DAY          | F. SSQID    |
| 7. TAKE 1 OR 2 TABLETS BY MOUTH FOUR TIMES A DAY     | G. QOD      |
| 8. TAKE 1/2 TABLET BY MOUTH FOUR TIMES A DAY         | H. 1ENQD    |
| 9. TAKE 1 AND 1/2 TABLETS BY MOUTH THREE TIMES A DAY | I. D        |
| 10. TAKE 1/2 OR 1 TABLET BY MOUTH THREE TIMES A DAY  | J. PP       |
| 11. INHALE 1 SPRAY IN EACH NOSTRIL ONE TIME A DAY    | K. CHO      |
| 12. Left eye   | L. BIW      |
| 13. Both ears  | M. OES      |
| 14. 2 or 3   | N. 2QID     |
| 15. Twice a week                                     | O. 1.5TID   |
| 16. Morning  | P. MS       |
| 17. Night  | Q. 1BID     |
| 18. After meals                                      | R. 0.5-1TID |
| 19. On empty stomach                                 | S. PID      |
| 20. As needed for pain                               | T. 2TID     |
| 21. Shortness of breath                              | U. EN       |
| 22. Every other day                                  | V. AU       |
| 23. Diabetes   | W. OS       |
| 24. Each nostril                                     | X. AM       |
| 25. Muscle spasm                                     | Y. 2-3      |

