

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

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

# Sig Codes 2

- |  |             |
|--|-------------|
| 1. Twice daily.  | A. 1.5BID   |
| 2. Four times daily.                                       | B. 2BID     |
| 3. Take 1 tablet by mouth three times daily.               | C. OD       |
| 4. TAKE 2 TABLETS BY MOUTH TWO TIMES A DAY                 | D. HS       |
| 5. TAKE 1 OR 2 TABLETS BY MOUTH ONE TIME A DAY             | E. BID      |
| 6. TAKE 1/2 TABLET BY MOUTH ONE TIME A DAY                 | F. DR       |
| 7. TAKE 1 AND 1/2 TABLETS BY MOUTH TWO TIMES A DAY         | G. 1.5QID   |
| 8. TAKE 1 AND 1/2 TABLETS BY MOUTH FOUR TIMES A DAY        | H. +ENQ8H   |
| 9. TAKE 1/2 OR 1 TABLET BY MOUTH TWO TIMES A DAY           | I. 0.5-1    |
| 10. INHALE 1 OR 2 SPRAYS IN EACH NOSTRIL EVERY EIGHT HOURS | J. WF       |
| 11. Right eye  | K. AS       |
| 12. Left ear   | L. CC       |
| 13. 1/2  | M. H        |
| 14. Every  | N. SSQD     |
| 15. Hour   | O. COU      |
| 16. As needed  | P. BP       |
| 17. Bedtime  | Q. 0.5-1BID |
| 18. Before meals   | R. +QD      |
| 19. With food  | S. AC       |
| 20. Pain   | T. P        |
| 21. Nausea   | U. 1TID     |
| 22. 1/2 or 1 tab   | V. SS       |
| 23. Cough  | W. QID      |
| 24. Discard Remainder                                      | X. Q        |
| 25. Blood pressure   | Y. N        |

