

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

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

# Sig Codes 3

- |  |             |
|--|-------------|
| 1. Three times daily.  | A. TG       |
| 2. Take 1 tablet by mouth daily.                             | B. +BID     |
| 3. Take 1 tablet by mouth in the morning and in the evening. | C. PSP      |
| 4. Take 1 tablet by mouth four times daily.                  | D. 1QID     |
| 5. TAKE 2 tablets BY MOUTH ONE TIME A DAY                    | E. OU       |
| 6. TAKE 1 OR 2 TABLETS BY MOUTH TWO TIMES A DAY              | F. TID      |
| 7. TAKE 1/2 TABLET BY MOUTH TWO TIMES A DAY                  | G. UD       |
| 8. TAKE 1 AND 1/2 TABLETS BY MOUTH ONE TIME A DAY            | H. GTTS     |
| 9. TAKE 1/2 OR 1 TABLET BY MOUTH ONE TIME A DAY              | I. QS       |
| 10. TAKE 1/2 OR 1 TABLET BY MOUTH FOUR TIMES A DAY           | J. AD       |
| 11. Drops  | K. 1AMPM    |
| 12. Both eyes  | L. TIW      |
| 13. Right ear  | M. 0.5-1QID |
| 14. 1 or 2   | N. SLE      |
| 15. Week   | O. 2QD      |
| 16. Three times a week                                       | P. NV       |
| 17. Evening  | Q. 1QD      |
| 18. Now  | R. WM       |
| 19. With meals   | S. 0.5-1QD  |
| 20. Until gone   | T. +        |
| 21. As needed for severe pain                                | U. 1.5QD    |
| 22. Nausea and vomiting                                      | V. WH       |
| 23. Quantity sufficient                                      | W. STAT     |
| 24. Wheezing   | X. PM       |
| 25. Sleep  | Y. SSBID    |

