

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

# prefixes and suffixes

- |             |                        |
|-------------|------------------------|
| 1. QID      | A. every other day     |
| 2. QOD      | B. immediately         |
| 3. QPM      | C. subcutaneous        |
| 4. QS       | D. four times a day    |
| 5. SL       | E. tablespoon          |
| 6. SR       | F. as directed         |
| 7. STAT     | G. every evening       |
| 8. SUBQ, SC | H. sublingual          |
| 9. Tab      | I. sustained release   |
| 10. Tbsp.   | J. teaspoon            |
| 11. TID     | K. tablet              |
| 12. TOP     | L. topically           |
| 13. Tsp     | M. three times a day   |
| 14. ud, AD  | N. extended release    |
| 15. XL      | O. quantity sufficient |