



Justin L. Rider, DDS, PLLC

— General Dentist Providing Oral Surgery Services —

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Name _____ **Birthdate** _____

Address _____ **Date** _____



Penicillin VK 500 mg. **Disp. #30**
Amoxicillin 500 mg. **Disp. #21**
Z-Pak Azithromycin 250 mg. **Disp. #1 Pak**

*Take 1 tablet every _____ hours until gone.
Follow manufacturer's instructions.*

REFILL _____ TIMES

PRODUCT SELECTION PERMITTED

DISPENSE AS WRITTEN

Dexamethasone 4 mg. **Disp. #3**
(Three)

*Take 2 tablets today and 1 tomorrow to reduce
post-operative pain and swelling.*

REFILL _____ TIMES

PRODUCT SELECTION PERMITTED

DISPENSE AS WRITTEN

Peridex **Disp. 1 Pint**
(480 ml)

*Rinse for 30 seconds with 1/2 to 1 ounce
three times a day, until all gone. (Start this
medication the day after surgery.)*

REFILL _____ TIMES

PRODUCT SELECTION PERMITTED

DISPENSE AS WRITTEN

Zofran ODT 8 mg. **Disp. #10**
(Ten)

*Dissolve 1 tablet on tongue every 8 hours,
as needed for nausea. (If nausea persists for
more than 12 hours, contact Dr. Rider.)*

REFILL _____ TIMES

PRODUCT SELECTION PERMITTED

DISPENSE AS WRITTEN

Ibuprofen 600 mg. **Disp. #30**
(Thirty)

*Take 1 tablet every 6 hours for pain and/or
swelling.*

REFILL _____ TIMES

PRODUCT SELECTION PERMITTED

DISPENSE AS WRITTEN

REFILL _____ TIMES

PRODUCT SELECTION PERMITTED

DISPENSE AS WRITTEN