

Bryce C. Fortner, DDS

General Dentist Providing Oral Surgery Services
18727 E. Laberry Dr. • Unit 322 • Spokane Valley, WA 99016-8425 •

Email: bryce@fortnerdental.com Voicemail: 317.460.6884 Ofc# NPI No. 1730-44-1965 DEA Reg. No. FF32746 Birthdate_____ Name Address Ibuprofen 800 mg. Disp. #30 Amoxicillin 500 mg. Disp. #28 (Twenty-Eight) (Thirty) Take 1 antibiotic tablet every 6 hours Take 1 tablet 4 times a day to help reduce until they are all gone. (Start this medication post-operative inflammation (pain and swelling). within 24 hrs. after surgery; antibiotics may decrease the effectiveness of birth control pills.) REFILL TIMES REFILL ____ TIMES $\frac{DDS}{\textit{PRODUCT SELECTION PERMITTED}}$ DDS PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN DISPENSE AS WRITTEN Zofran 8 mg. Peridex Disp. 1 Pint **Disp.** #5 (480 ml)Sublingual Tabs (Five) Rinse for 30 seconds with 1/2 to 1 ounce three Place 1 on tongue every 8 hours as needed for times a day, until all gone. (Start this medication nausea, and let dissolve. (If nausea persists for the day after surgery.) more than 12 hours, contact Dr. Fortner.) REFILL ____ TIMES REFILL _____ TIMES DDS PRODUCT SELECTION PERMITTED DDS PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN DISPENSE AS WRITTEN Tylenol 500 mg. Disp. #30 (Thirty) Take 1 tablet 4 times a day as needed for pain. REFILL TIMES REFILL ____ TIMES $\frac{DDS}{\textit{PRODUCT SELECTION PERMITTED}}$ DDS DDS PRODUCT SELECTION PERMITTED DDS DISPENSE AS WRITTEN DISPENSE AS WRITTEN