



Date: _____ Patient Name: _____
 DOB: _____ Address: _____
 City: _____ State: _____ Phone: _____ Allergies: _____
 Call When Ready Text Message When Ready Delivery Mail Out

- Betahistine Dihydrochloride 8 mg Capsules**
 Qty: 90
 Sig: Take 1 capsule by mouth three times daily
 Or: _____

- Betahistine Dihydrochloride 12 mg Capsules**
 Qty: 90
 Sig: Take 1 capsule by mouth three times daily
 Or: _____

- Betahistine Dihydrochloride 16 mg Capsules**
 Qty: 90
 Sig: Take 1 capsule by mouth three times daily
 Or: _____

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature:

Print Name: _____ Agent sending: _____
 NPI: _____ DEA: _____

Clinic Name: _____
 Clinic Address: _____
 Clinic Phone/Fax: _____

