



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: _____

