



Est. 1976

### Cold & Allergy

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Patient Name:	Prescriber:
Address:	Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Phone:
Phone #:	Fax:
Drug Allergies:	DEA #:

PRESCRIBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ **Extendri HS (Jr) Capsule** [Chlorpheniramine/Hyoscyamine/Phenylephrine]  
4mg/0.1mg/10mg

QTY: 30 or 60 REF: \_\_\_\_\_  
\_\_\_ Sig: Take 1 capsule by mouth twice daily

\_\_\_\_\_ **Extendri MAX Capsule** [Chlorpheniramine/Hyoscyamine/Phenylephrine]  
8mg/0.25mg/20mg

QTY: 30 or 60 REF: \_\_\_\_\_  
\_\_\_ Sig: Take 1 capsule by mouth twice daily

\_\_\_\_\_ **Extendri Suspension** [Chlorpheniramine/Methscopolamine/Phenylephrine]  
per 5ml: 4mg/1.25mg/10mg

QTY: 120ml or 240ml REF: \_\_\_\_\_  
\_\_\_ Sig: Take 1/2 teaspoonful by mouth up to 3 times daily as needed for congestion/drainage  
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\_\_\_\_\_ **Aller-Tuss AC Susp** [Chlorpheniramine/Pseudoephedrine/Codeine]  
per 5ml: 2mg/30mg/5mg

QTY: 120ml or 240ml REF: \_\_\_\_\_  
\_\_\_ Sig: Take 1/2 teaspoonful by mouth every 6 hours as needed  
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\_\_\_ Sig:

### ADULT

\_\_\_\_\_ **Allerx - AM Capsule** [Methscopolamine/Pseudoephedrine]  
2.5mg/120mg

QTY: 30 REF: \_\_\_\_\_  
\_\_\_ Sig: Take 1 capsule by mouth once daily

\_\_\_\_\_ **Allerx - PM Capsule** [Methscopolamine/Chlorpheniramine]  
2.5mg/8mg

QTY: 30 REF: \_\_\_\_\_  
\_\_\_ Sig: Take 1 capsule by mouth once daily at bedtime