Rx

License #MD.42917-A

DEA: BN4382167

NPI: 1578629403

Nimbus Family Medicine

7421 Sterling Parkway, Suite 300 | Meridian, OH 44118

(440) 555-0182 records@nimbusfamilymed.com

Dr. Samuel J. Whitmore, M.D. | **Family Medicine & Primary Care**

Patient Information

Name: Evelyn R. Chatsworth
DOB: 09/14/1974 **Age:** 50
Address: 218 Cypress Lane, Meridian, OH 44119
Phone: (440) 555-6734
Insurance: Apex Health Plan | ID: AHP-882-4190-S
Allergies: Penicillin, Sulfa drugs

Prescription Details

Date: 07/15/2026
Rx #: 4268190
Diagnosis: E11.9 — Type 2 Diabetes Mellitus
ICD-10: E11.9, I10
Pharmacy: Meridian Care Pharmacy

Metformin HCl **500 mg** **#60 (sixty) tablets**

Take one tablet by mouth twice daily with meals. Do not exceed two tablets per day. Monitor blood glucose levels regularly.

Refills: 2 **Dispense as Written** **Generic OK:** ✔

Duration: 30 days **Start:** 07/16/2026

Sig:

1 tab PO BID with meals

Lisinopril **10 mg** **#30 (thirty) tablets**

Take one tablet by mouth once daily. Avoid potassium supplements and salt substitutes containing potassium. Check blood pressure weekly.

Refills: 5 **Dispense as Written** **Generic OK:** ✔

Duration: 30 days **Start:** 07/16/2026

Sig:

1 tab PO QD

Atorvastatin Calcium **20 mg** **#30 (thirty) tablets**

Take one tablet by mouth at bedtime. Avoid grapefruit and grapefruit juice. Report any unexplained muscle pain or weakness.

Refills: 5 **Dispense as Written** **Generic OK:** ✔

Duration: 30 days **Start:** 07/16/2026

Sig:

1 tab PO QHS

Additional Instructions

- [x] Check fasting blood glucose every morning
- [x] Follow up with HbA1c lab draw in 90 days
- [x] Low-sodium, diabetic diet per nutrition consult
- [x] Exercise: 30 min walking, 5 days per week
- [x] Return to clinic in 3 months or sooner if symptomatic

Electronically signed by

Samuel J. Whitmore, M.D.

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07/15/2026 09:47 AM

Rx

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Dr. Samuel J. Whitmore, M.D. | **Family Medicine & Primary Care**

Patient Information

Name: Marcus D. Okonkwo
DOB: 03/22/1986 **Age:** 40
Address: 540 Briarwood Ave, Apt 4B, Meridian, OH 44122
Phone: (440) 555-9912
Insurance: Vertex Health Solutions | ID: VHS-667-3021-P
Allergies: No known drug allergies

Prescription Details

Date: 07/15/2026
Rx #: 4268191
Diagnosis: J45.909 — Unspecified Asthma
ICD-10: J45.909
Pharmacy: Meridian Care Pharmacy

Albuterol Sulfate HFA **90 mcg/actuation** **1 inhaler (200 metered doses)**

Inhale 2 puffs by mouth every 4–6 hours as needed for shortness of breath or wheezing. Shake well before each use. Prime inhaler before first use or if unused for 2+ weeks.

Refills: 3 **Dispense as Written** **Generic OK:** ✔

Duration: As needed **Start:** 07/16/2026

Sig:

2 puffs INH Q4–6H PRN SOB/wheezing

Fluticasone/Salmeterol 250/50 mcg **1 Diskus (60 blisters)**

Inhale one blister by mouth twice daily (morning and evening). Rinse mouth with water after each use to prevent oral thrush. Do not use for acute asthma symptoms — use rescue inhaler.

Refills: 3 **Dispense as Written** **Generic OK:** ✔

Duration: 30 days **Start:** 07/16/2026

Sig:

1 inhalation PO BID;
rinse mouth after use

Additional Instructions

- [x] Use peak flow meter daily; record readings in asthma diary
- [x] Schedule spirometry (PFT) at Meridian Pulmonary Lab
- [x] Avoid known triggers: dust mites, pollen, cold air
- [x] Keep rescue inhaler accessible at all times
- [x] Follow up in 6 weeks for asthma control assessment

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Rx

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NPI: 1578629403

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7421 Sterling Parkway, Suite 300 | Meridian, OH 44118

(440) 555-0182 records@nimbusfamilymed.com

Dr. Samuel J. Whitmore, M.D. | **Family Medicine & Primary Care**

Patient Information

Name: Priya N. Krishnamurthy
DOB: 11/08/1992 **Age:** 33
Address: 882 Magnolia Court, Meridian, OH 44120
Phone: (440) 555-3318
Insurance: Apex Health Plan | ID: AHP-990-8742-S
Allergies: Codeine, Latex

Prescription Details

Date: 07/15/2026
Rx #: 4268192
Diagnosis: N39.0 — Urinary Tract Infection
ICD-10: N39.0
Pharmacy: Meridian Care Pharmacy

Nitrofurantoin Monohydrate	**100 mg**	**#14 (fourteen) capsules**

Take one capsule by mouth twice daily with food for 7 days. Complete the full course even if symptoms improve. May cause urine to turn dark yellow or brown — this is harmless.

Refills: 0 **Dispense as Written** **Generic OK:** ✔

Duration: 7 days **Start:** 07/16/2026

Sig:

1 cap PO BID with food × 7 days

Phenazopyridine HCl **200 mg** **#9 (nine) tablets**

Take one tablet by mouth three times daily after meals for 3 days only. Discontinue if urine discoloration persists beyond treatment. This medication provides symptomatic relief of urinary pain and urgency — it is not an antibiotic.

Refills: 0 **Dispense as Written** **Generic OK:** ✔

Duration: 3 days **Start:** 07/16/2026

Sig:

1 tab PO TID after meals
× 3 days

Additional Instructions

- [x] Increase fluid intake — minimum 8 glasses of water daily
- [x] Avoid caffeine, alcohol, and spicy foods during treatment
- [x] Urine culture collected — results pending; adjust antibiotics if needed
- [x] Return to clinic if fever > 101°F or flank pain develops
- [x] Follow-up urinalysis in 2 weeks to confirm clearance

Electronically signed by

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07/15/2026 10:28 AM