



# Richard A. McKinney, DMD

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Ofc # \_\_\_\_\_

DEA Reg. No. FM55761 \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**R**

**Ibuprofen 800 mg. Disp. #30**  
**Ibuprofen 600 mg. (Thirty)**

*Take 1/2 to 1 tablet every 6 hours, as needed for pain.*

REFILL \_\_\_\_\_ TIMES

\_\_\_\_\_  
D.M.D. PRODUCT SELECTION PERMITTED  
\_\_\_\_\_  
D.M.D. DISPENSE AS WRITTEN

**Penicillin VK 500 mg. Disp. #20**  
**Cleocin 150 mg. (Twenty)**

*Take 1 antibiotic tablet every 6 hours until they are all gone. (Start this medication within 24 hrs. after surgery; antibiotics may decrease the effectiveness of birth control pills.)*

REFILL \_\_\_\_\_ TIMES

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D.M.D. PRODUCT SELECTION PERMITTED  
\_\_\_\_\_  
D.M.D. DISPENSE AS WRITTEN

**Peridex Disp. 1 Pint**  
**(480 ml)**

*Rinse for 30 seconds with 1/2 to 1 ounce three times a day, until all gone. (Start this medication the day after surgery.)*

REFILL \_\_\_\_\_ TIMES

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D.M.D. PRODUCT SELECTION PERMITTED  
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D.M.D. DISPENSE AS WRITTEN

**Zofran ODT 8 mg. Disp. #6**  
**Zofran ODT 4 mg. (Six)**

*Dissolve 1 tablet on tongue every 8 hours, as needed for nausea. (If nausea persists for more than 12 hours, contact Dr. McKinney.)*

REFILL \_\_\_\_\_ TIMES

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D.M.D. PRODUCT SELECTION PERMITTED  
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D.M.D. DISPENSE AS WRITTEN

**Tylenol #3 30 mg./300 mg. Disp. #30**  
**(Thirty)**

*Take 1/2 to 1 tablet every 6 hours, as needed for pain.*

REFILL \_\_\_\_\_ TIMES

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D.M.D. PRODUCT SELECTION PERMITTED  
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D.M.D. DISPENSE AS WRITTEN

**Etodolac 400 mg. Tablets Disp. #30**  
**(Thirty)**

*400 mg. by mouth every 8 hours, as needed for pain.*

REFILL \_\_\_\_\_ TIMES

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D.M.D. PRODUCT SELECTION PERMITTED  
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D.M.D. DISPENSE AS WRITTEN