

# SOUTHWEST BREAST & AESTHETICS

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| POST-OP MEDICATION LIST - PRESCRIPTION & OVER THE COUNTER RECORD FORM  |        |        |         |           |          |        |          |
|--|--------|--------|---------|-----------|----------|--------|----------|
| Medication   | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| <b>***Record time of last dose</b>   | Date   | Date   | Date    | Date      | Date     | Date   | Date     |
| <b><i>ibuprofen</i></b> ***<br>(Advil, Motrin)<br><br><i>If prescription:</i><br>800mg oral tablet<br>Take 1 tablet (800mg) every 8 hours for 5 days<br>OR<br><i>If over the counter:</i><br>200mg oral tablet<br>Take 4, 200mg tablets (4 tablets = 800mg) every 8 hours for 5 days |        |        |         |           |          |        |          |
| <b><i>acetaminophen</i></b> ***<br>(Tylenol Extra Strength)<br><br>500mg oral tablet<br><br>Take 2 tablets by mouth (500mg x 2 tablets = 1000mg = 1 gram) every 8 hours for 3 days   |        |        |         |           |          |        |          |
| <b><i>gabapentin</i></b><br>(Neurontin)<br><br>100mg oral capsule<br>Take 2 capsules by mouth every 8 hours for 3 days   |        |        |         |           |          |        |          |

**POST-OP MEDICATION LIST - PRESCRIPTION & OVER THE COUNTER RECORD FORM**

| <b>Medication</b>   | <b>Sunday</b> | <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> |
|---|---------------|---------------|----------------|------------------|-----------------|---------------|-----------------|
| <b>***Record time of last dose</b>  | Date          | Date          | Date           | Date             | Date            | Date          | Date            |
| <b>cyclobenzaprine</b><br>(Flexeril)<br><br>5mg oral tablet<br><br>Take 1 tablet by mouth every 8 hours as needed for 3 days                                  |               |               |                |                  |                 |               |                 |
| <b>oxycodone</b><br><br>5mg oral tablet<br><br>Take 1 tablet by mouth every 4-6 hours   |               |               |                |                  |                 |               |                 |
| <b>enoxaparin</b><br>(Lovenox)<br><br>40mg/0.4mL or 30mg/0.3ml injectable solution per syringe<br>Inject 1 syringe into the abdomen one time daily for 6 days |               |               |                |                  |                 |               |                 |
| <b><i>docosate sodium***</i></b><br>(Colace)<br><br>100mg oral capsule<br><br>Take 1 capsule by mouth every 12 hours until regular bowel movements            |               |               |                |                  |                 |               |                 |

**\*\*\*These are over the counter medications**