

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
***Record time of last dose	Date	Date	Date	Date	Date	Date	Date
<i>ibuprofen***</i> (Advil, Motrin) <i>If prescription:</i> 800mg oral tablet Take 1 tablet (800mg) every 8 hours for 5 days OR <i>If over the counter:</i> 200mg oral tablet Take 4, 200mg tablets (4 tablets = 800mg) every 8 hours for 5 days							
<i>acetaminophen***</i> (Tylenol Extra Strength) 500mg oral tablet Take 2 tablets by mouth (500mg x 2 tablets = 1000mg = 1 gram) every 8 hours for 3 days							
<i>gabapentin</i> (Neurontin) 100mg oral capsule Take 2 capsules by mouth every 8 hours for 3 days							

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

Medication	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
***Record time of last dose	Date	Date	Date	Date	Date	Date	Date
cyclobenzaprine (Flexeril) 5mg oral tablet Take 1 tablet by mouth every 8 hours as needed for 3 days							
oxycodone 5mg oral tablet Take 1 tablet by mouth every 4-6 hours							
<i>docosate sodium***</i> (Colace) 100mg oral capsule Take 1 capsule by mouth every 12 hours until regular bowel movements							

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