

PRESCRIPTION

- **Match numbers with letters. If necessary change the prescription.**

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|--------------------------|------------------------------|
| 1. a rash | a. capsule / ex Vaselagart |
| 2. a constipation | b. take vitamins |
| 3. a nasal congestion | c. antacid |
| 4. an stomachache | d. ear drops |
| 5. a fever / temperature | e. cold tablets |
| 6. an earache | f. pill/ ex.Ketorol |
| 7. a cough | g. eye drops |
| 8. a sore throat | h. pain reliever/ Ibuprofeno |
| 9. a headache | i. get acupuncture |
| 10. feel dizzy | j. nasal spray |
| 11. a toothache | k. ointment |
| 12. chills | l. cough syrup |
| 13. red eyes | m. throat lozenges |

- **Work with your partner. What do you prescribe for... ?**

Patient: I have an stomach –ache.

Doctor: You should take a pain reliever, twice a day. One, in the morning.
and the other in the evening. (sertal).