Name: _____ Date: _____

prefixes and suffixes

1. QID D
2. QOD A
3. QPM G
4. QS O
5. SL H
6. SR I
7. STAT B
8. SUbQ, SC C
9. Tab K
10. Tbsp. E
11. TID M
12. TOP L
13. Tsp J
14. ud, AD F
15. XL N

A. every other day

B. immediately

C. subcutaneous

D. four times a day

E. tablespoon

F. as directed

G. every evening

H. sublingual

I. sustained release

J. teaspoon

K. tablet

L. topically

M. three times a day

N. extended release

O. quantity sufficient