

**Tache Pharmacy at Seven Oaks Hospital**  
**2300 McPhillips Street**  
**Winnipeg, MB**  
**R2V 3M3**

Ph #: (204) 633-2233 Fax #: (204) 633-2244

Patient: \_\_\_\_\_ PHIN: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_



**Formula #1: (Ointment or Cream)\***

Miconazole 2%  
Mupirocin (Bactroban) 1%  
Betamethasone 0.05%

**Formula #2: (Ointment or Cream)**

Miconazole 2%  
Mupirocin (Bactroban) 1%  
Betamethasone 0.05%  
Ibuprofen 2%

**Formula #3: (Ointment or Cream)\***

Clotrimazole 0.25%  
Nystatin 25,000 U/gram  
Mupirocin (Bactroban) 0.5%  
Betamethasone 0.025%

\*\*Ointment will provide more occlusion and likely allow faster healing\*\*

Product expiry date is typically 6 months

**Formula #4: (Ointment or Cream)\***

Nystatin 128,000 U/gram  
Mupirocin (Bactroban) 1%  
Betamethasone 0.05%

**Formula #5: (Ointment or Cream)\***

Clotrimazole 2%  
Mupirocin (Bactroban) 1%  
Betamethasone 0.025%

**Formula #6: (Ointment or Cream)\***

Miconazole 2%  
Nystatin 25,000 U/gram

**Formula #7: (Ointment)**

Vitamin E Acetate 0.5%  
Olive Oil 5%

\*Compound can be made at Tache Pharmacy Seven Oaks. All others will be made at Tache Pharmacy via Central Fill

No. \_\_\_\_\_ Sig: Apply after each feeding **OR** (circle) HS QD BID TID QID Other: \_\_\_\_\_

Ointment  Cream

Mitte: \_\_\_\_\_ grams

REPEAT	1	2	3	4	5	6	NR
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Physicians Name (PRINT): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature X \_\_\_\_\_ License #: \_\_\_\_\_

**Prescription Certification: This prescription represents the original of the prescription. The pharmacy addressee noted above is the only intended recipient and there are no other. The original prescription has been invalidated and securely filed and it will not be transmitted elsewhere at another time. THE TELECOPY IS CONFIDENTIAL AND IS INTENDED TO BE RECEIVED BY THE ADDRESSEE ONLY. IF THE READER IS NOT THE RECIPIENT THEREOF, YOU ARE ADVISED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS FACSIMILE IS STRICTLY PROHIBITED.**