

**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: \_\_\_\_\_

**R<sub>x</sub>**

Topical Treatment

**Check the Ingredient(s) and Strengths Required**

Nifedipine	___ 0.2%	___ 0.3%	___ 0.5%
Diltiazem	___ 2%		
Nitroglycerin	___ 0.1%	___ 0.2%	___ 0.4% ___ 0.6%
Lidocaine	___ 1%	___ 2%	Other _____%
Hydrocortisone	___ 1%	___ 2%	

**ONLY USE 1 OF THESE 3**

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All products will be in Vaseline as a base unless otherwise specified.

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

Sig: Apply to the affected area 2 to 3 times daily and after a bowel movement

Refill: \_\_\_\_\_

Rectal Rocket Suppository

**Check the Ingredient(s) and Strengths Required**

Misoprostol	___ 0.0024%
Sucralfate	___ 15.6%
Hydrocortisone	___ 1% ___ 2%
Lidocaine	___ 1% ___ 2%
Nifedipine	___ 0.2% ___ 0.3% ___ 0.5%

**NOTE: USUALLY ALL  
5 INGREDIENTS ARE USED  
TOGETHER**

Other: \_\_\_\_\_ %

Treatment for anal fissures is once daily at bedtime for 4-7 days. Treatment for hemorrhoids is for 2 days.

Mitte: \_\_\_\_\_ Rectal Rockets

Sig: Instill 1 rectal rocket at bedtime for \_\_\_ days. Lay in a supine position.

Refill: \_\_\_\_\_

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.**

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