

Tache Pharmacy at Seven Oaks Hospital
2300 McPhillips Street
Winnipeg, MB R2V 3M3
Ph #: (204) 633-2233 Fax #: (204) 633-2244

Patient Name:	DOB:
Patient Address:	PHIN:
Patient Phone:	Date:

Bimix (Please circle if you choose this one)	
Papaverine 30mg	
Phentolamine 1mg per ml	
M: 10ml	
Sig: Use as directed	Refill: 1 2 3 (Please circle)

Trimix (Please circle if you choose this one)	
Alprostadil 5.9ug	
Papaverine 16.7mg	
Phentolamine 0.65mg per ml	
M: 10ml	
Sig: Use as directed	Refill: 1 2 3 (Please circle)

Quadmix (Please circle if you choose this one)	
Alprostadil 10ug	
Papaverine 12mg	
Phentolamine 1mg	
Atropine 0.15mg per ml	
M: 10ml	
Sig: Use as directed	Refill: 1 2 3 (Please circle)

Note relative potency: Bimix 4 : Trimix 2 : Quadmix 1
****These prescriptions are centrally filled from Tache Pharmacy (400 Tache Avenue)****

BD Insulin Syringes
M: 10 Syringes
Sig: Use as directed
Refill: 12

BD Alcohol Swabs
M: 100
Sig: Use as directed
Refill: 3

Physician's name (Please 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