

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: _____



14 day Expiration:

- 1. Amitriptyline _____ mg/ml
- 2. Aripiprazole _____ mg/ml
- 3. Buspirone _____ mg/ml
- 4. Citalopram _____ mg/ml
- 5. Duloxetine _____ mg/ml
- 6. Fluvoxamine _____ mg/ml
- 7. Lorazepam _____ mg/ml
- 8. Mirtazapine _____ mg/ml
- 9. Olanzapine _____ mg/ml
- 10. Paroxetine _____ mg/ml
- 11. Sertraline _____ mg/ml
- 12. Venlafaxine _____ mg/ml
- 13. Ziprasidone _____ mg/ml

30 day Expiration:

- 14. Atomoxetine _____ mg/ml
- 15. Methylphenidate _____ mg/ml
- 16. Nitrazepam _____ mg/ml
- 17. Quetiapine _____ mg/ml

60 day Expiration:

- 18. Clonazepam _____ mg/ml
- 19. Diazepam _____ mg/ml
- 20. Gabapentin _____ mg/ml
- 21. Topiramate _____ mg/ml

90 day Expiration:

- 22. Lamotrigine _____ mg/ml

No. ____ Sig: ____ mL(s) HS QD BID TID QID Other: _____ Mitte: ____ ml

No. ____ Sig: ____ mL(s) HS QD BID TID QID Other: _____ Mitte: ____ ml

No. ____ Sig: ____ mL(s) HS QD BID TID QID Other: _____ Mitte: ____ ml

Flavors (check box if applicable):

Banana Bubblegum Cherry Chocolate Grape Orange

Peanut Butter Raspberry Strawberry Tutti-Frutti Watermelon

REPEAT	1	2	3	4	5	6	NR
AT	DAY INTERVALS						

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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