

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: _____

Base: Lipoderm PLO Other (specify) _____

Check the ingredient and strength: ****Note: total percentage of all ingredients should NOT exceed 40%****

- | | |
|--|--|
| <input type="checkbox"/> Ketamine (requires a duplicate rx): ___5% ___10% ___15% | |
| <input type="checkbox"/> Morphine (requires a duplicate rx): ___0.1% ___0.2% ___1% ___2% | |
| <input type="checkbox"/> DMSO (penetration enhancer): ___5% ___10% | |
| <input type="checkbox"/> Gabapentin ___6% ___8% ___10% | <input type="checkbox"/> Clonidine ___0.1% ___0.2% |
| <input type="checkbox"/> Lidocaine ___2% ___5% | <input type="checkbox"/> Tetracaine ___2% ___5% |
| <input type="checkbox"/> Cetyl Myristeolate ___2% ___4% ___6% ___8% | <input type="checkbox"/> Ketoprofen ___5% ___10% ___20% |
| <input type="checkbox"/> Diclofenac ___2% ___5% ___8% | <input type="checkbox"/> Carbamazepine ___2% ___5% ___10% |
| <input type="checkbox"/> Baclofen ___2% ___5% | <input type="checkbox"/> Amitriptyline ___2% ___5% |
| <input type="checkbox"/> Pentoxifylline ___5% ___10% ___15% | <input type="checkbox"/> Nifedipine ___2% ___5% ___10% |
| <input type="checkbox"/> Dextromethorphan ___10% | <input type="checkbox"/> Menthol ___0.5% |
| <input type="checkbox"/> Guaifenesin ___5% ___10% | <input type="checkbox"/> Camphor ___0.25% |

Directions: Apply ___ mL to affected area(s) _____ (specify area)
_____ times per day (frequency).

Mitte: _____ mL (Total % ≤ 30%) Refill x _____

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.