

Tache Pharmacy

400 Tache Ave

Winnipeg, MB

R2H 3C3

Ph #: (204) 233-3469 Fax #: (204) 231-1739

For: _____ PHIN: _____

Address: _____

Phone: _____ Date: _____

Rx

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%

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%

Ointment will provide more occlusion and likely allow faster healing

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.