

To: Tache Pharmacy  
400 Tache Avenue  
Winnipeg, Manitoba  
Phone: (204) 233-3469  
Fax: (204) 231-1739

Patient Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
PHIN: \_\_\_\_\_  
Phone: \_\_\_\_\_

Or: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Popular combinations:**

- Magic mouthwash – diphenhydramine 0.075%, hydrocortisone 0.125%, nystatin 7500u/ml, lidocaine 0.4%
- Super Magic Mouthwash – diphenhydramine 0.125%, dexamethasone 0.00033%, tetracycline 1.25%, lidocaine 1%
- Tetracaine 0.5%, hydrocortisone 1%, clotrimazole 2%, sucralfate 15.6%
- Ketamine 0.03%, tetracaine 0.5%, sucralfate 15.6% (requires a duplicate Rx)
- Pink Lady - Xylocaine Viscous 2% : Maalox, 1:1
- Modified Pink Lady – Xylocaine Viscous 2% : Maalox: Benadryl Elixir, 1:1:1

OR

**Check the Ingredient & Strength:**

**Other Strength:**

<input type="checkbox"/>	Ketamine	__0.03%	__0.4%	(requires a duplicate Rx)	_____%
<input type="checkbox"/>	Morphine	__0.2%	__0.5%	(requires a duplicate Rx)	_____%
<input type="checkbox"/>	Gabapentin	__6%			_____%
<input type="checkbox"/>	Lidocaine	__0.4%	__1%	__2%	_____%
<input type="checkbox"/>	Tetracaine	__0.5%	__1%		_____%
<input type="checkbox"/>	Diphenhydramine	__0.075%	__0.125%	__0.2%	_____%
<input type="checkbox"/>	Hydrocortisone	__0.125%%	__0.5%	__1%	_____%
<input type="checkbox"/>	Dexamethasone	__0.00033%			_____%
<input type="checkbox"/>	Sucralfate	__4%	__8%	__15.6%	_____%
<input type="checkbox"/>	Clotrimazole	__2%			_____%
<input type="checkbox"/>	Nystatin	__7500u/mL			_____u/mL
<input type="checkbox"/>	Tetracycline	__1.25%			_____%
<input type="checkbox"/>	Misoprostol	__0.0024%			_____%
<input type="checkbox"/>	Additional Ingredients:	_____	_____%		_____%

**Directions:** Swish and spit 10-15mL or \_\_\_\_\_ mL q 2-3 hours or \_\_\_\_\_ (frequency) as needed.

OR

Swish and swallow \_\_\_\_\_ ml \_\_\_\_\_ (frequency) as needed.  
(consider systemic effects when determining volume and frequency if swallowing)

**Mucolox Base:** Swish and spit 5ml BID to QID as needed.

Swish and swallow 5 – 10ml BID to QID as needed.

Mitte: \_\_\_\_\_ mL Refill x \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**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.