

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

Patient Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
PHIN: \_\_\_\_\_  
Today's Date: \_\_\_\_\_  
Or: \_\_\_\_\_ Phone: \_\_\_\_\_

**Base:**  Lipoderm  PLO  Versabase  Other (specify) \_\_\_\_\_

+ DMSO \_\_\_\_\_ 5% \_\_\_\_\_ 10% \_\_\_\_\_ 20%

**Check the Ingredient & Strength:**

**Other Strength:**

Ketamine \_\_\_\_\_ 5% \_\_\_\_\_ 10% \_\_\_\_\_ 15% (requires a duplicate Rx with this Rx) \_\_\_\_\_ %  
Magnesium Chloride \_\_\_\_\_ 10% \_\_\_\_\_ 15% \_\_\_\_\_ %

Morphine \_\_\_\_\_ 0.1% \_\_\_\_\_ 0.5% \_\_\_\_\_ 1% \_\_\_\_\_ 2% (requires a duplicate Rx with this Rx) \_\_\_\_\_ %  
Loperamide \_\_\_\_\_ 5% \_\_\_\_\_ 10% \_\_\_\_\_ %

Gabapentin \_\_\_\_\_ 4% \_\_\_\_\_ 6% \_\_\_\_\_ 8% \_\_\_\_\_ 10% \_\_\_\_\_ %

Lidocaine \_\_\_\_\_ 2% \_\_\_\_\_ 4% \_\_\_\_\_ 5% \_\_\_\_\_ %  
Tetracaine \_\_\_\_\_ 2% \_\_\_\_\_ 4% \_\_\_\_\_ 5% \_\_\_\_\_ %  
Bupivacaine \_\_\_\_\_ 0.5% \_\_\_\_\_ 1% \_\_\_\_\_ 2% \_\_\_\_\_ %

Diclofenac \_\_\_\_\_ 2% \_\_\_\_\_ 4% \_\_\_\_\_ 5% \_\_\_\_\_ 8% \_\_\_\_\_ 10% \_\_\_\_\_ 12% \_\_\_\_\_ %  
Ketoprofen \_\_\_\_\_ 5% \_\_\_\_\_ 10% \_\_\_\_\_ 20% \_\_\_\_\_ %  
Ketorolac \_\_\_\_\_ 8% \_\_\_\_\_ 10% \_\_\_\_\_ %

Cetyl Myristoleate \_\_\_\_\_ 2% \_\_\_\_\_ 4% \_\_\_\_\_ 6% \_\_\_\_\_ 10% \_\_\_\_\_ %

Baclofen \_\_\_\_\_ 2% \_\_\_\_\_ 5% \_\_\_\_\_ %

Cyclobenzaprine \_\_\_\_\_ 2% \_\_\_\_\_ 4% \_\_\_\_\_ 5% \_\_\_\_\_ %

Amitriptyline \_\_\_\_\_ 2% \_\_\_\_\_ 5% \_\_\_\_\_ %

Clonidine \_\_\_\_\_ 0.1% \_\_\_\_\_ 0.2% \_\_\_\_\_ %

Nifedipine \_\_\_\_\_ 2% \_\_\_\_\_ 5% \_\_\_\_\_ 10% \_\_\_\_\_ %  
Pentoxifylline \_\_\_\_\_ 5% \_\_\_\_\_ 10% \_\_\_\_\_ 15% \_\_\_\_\_ %  
Sildenafil \_\_\_\_\_ 2% \_\_\_\_\_ 4% \_\_\_\_\_ %

Guaifenesin \_\_\_\_\_ 5% \_\_\_\_\_ 10% \_\_\_\_\_ Menthol \_\_\_\_\_ 0.5% \_\_\_\_\_ 2% \_\_\_\_\_ Camphor \_\_\_\_\_ 0.25% \_\_\_\_\_

Capsaicin \_\_\_\_\_ 0.025% \_\_\_\_\_ 0.05% \_\_\_\_\_ 0.075% \_\_\_\_\_ %

Additional Ingredients: \_\_\_\_\_ % \_\_\_\_\_ %

**Directions:** Apply \_\_\_\_\_ mL to affected area(s) (specify area) \_\_\_\_\_  
(frequency) \_\_\_\_\_.

**Mitte:** \_\_\_\_\_ grams (Total % ≤ 30%) Refill x \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

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

**Address / Phone:** \_\_\_\_\_ / \_\_\_\_\_

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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