

**Tache Pharmacy**  
**400 Tache Avenue**  
**Winnipeg, MB R2H 3C3**  
**Phone: 204-233-3469 Fax: 204-231-1739**

|                  |       |
|------------------|-------|
| Patient Name:    | DOB:  |
| Patient Address: | PHIN: |
| Patient Phone:   | Date: |

|  |  |
|--|--|
| <b>Bimix</b> (Please circle if you choose this one)  |  |
| Papaverine 30mg<br>Phentolamine 1mg per ml<br>M: 10ml<br>Sig: Use as directed      Refill:      1   2   3      (Please circle) |  |

|  |  |
|--|--|
| <b>Trimix</b> (Please circle if you choose this one)   |  |
| Alprostadil 5.9ug<br>Papaverine 17.6mg<br>Phentolamine 0.65mg per ml<br>M: 10ml<br>Sig: Use as directed      Refill:      1   2   3      (Please circle) |  |

|   |  |
|---|--|
| <b>Quadmix</b> (Please circle if you choose this one)   |  |
| Alprostadil 10ug<br>Papaverine 12mg<br>Phentolamine 1mg<br>Atropine 0.15mg per ml<br>M: 10ml<br>Sig: Use as directed      Refill:      1   2   3      (Please circle) |  |

**Note relative potency: Bimix 4 : Trimix 2 : Quadmix 1**

**BD Insulin Syringes**  
**M: 10 Syringes**  
**Sig: Use as directed**  
**Refill: 12**

**BD Alcohol Swabs**  
**M: 100**  
**Sig: Use as directed**  
**Refill: 3**

|                                   |                 |
|-----------------------------------|-----------------|
| <b>Physician InformationName:</b> | <b>Address:</b> |
| <b>Phone:</b>                     | <b>Fax:</b>     |

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