

Fax to: Tache Pharmacy **Patient Name:** _____
400 Tache Avenue **Address:** _____
Winnipeg, MB **Date of Birth:** _____
Phone: (204) 233-3469 **PHIN:** _____
Fax: (204) 231-1739 **Patient Phone:** _____
Or: _____ **Today's Date:** _____

Peyronie's Topical Cream

Verapamil 15% in Vanpen

M: 60 grams

Sig: Apply 0.5ml BID. If pain persists after 3 months then apply 1ml BID

Refill: 1 year

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.
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