

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: \_\_\_\_\_

**Rheumatoid Arthritis/Joint Pain:**

- Diclofenac 10%, Tetracaine 5%, DMSO 10% in Lipoderm
- Ketorolac 10%, Tetracaine 5%, DMSO 10% in Lipoderm
- Add CMO 2%     Add Baclofen 2%

**Lower Back Pain**

- Diclofenac 8%, Baclofen, 2%, Tetracaine 2%, DMSO 5% in Lipoderm
- Diclofenac 8%, Baclofen 5%, Tetracaine 5%, DMSO 10% in Lipoderm
- Add CMO 2%     Add Amitriptyline 2%

**Post-Herpetic Neuralgia**

- Ketamine 10%, Morphine 1%, Amitriptyline 2%, Lidocaine 5% in Lipoderm (requires a M3P prescription)
- Ketamine 15%, Morphine 2%, Amitriptyline 5%, Lidocaine 5% in Lipoderm (requires a M3P prescription)
- Benzocaine 5%, Lidocaine 10%, Tetracaine 5% Spray  
Note: Add gabapentin 2% to make the spray eligible for Pharmacare

**Neuropathic Pain**

- Loperamide 10%, Gabapentin 6%, Amitriptyline 2%, DMSO 5%, Tetracaine 5% in Lipoderm
- Ketamine 10%, Morphine 1%, Gabapentin 6%, Amitriptyline 2%, Tetracaine 5% in Lipoderm (requires a M3P)

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

Mitte: \_\_\_\_\_ grams                      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.  
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.

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

### Radiation Burns

- Morphine 0.5%, Lidocaine 2%, Gabapentin 6% (requires a M3P prescription)
- Ketoprofen 2%, Lidocaine 2%, Misoprostol 0.0024%, Phenytoin 2%, Aloe Vera 0.2%

### Raynaud's Syndrome

- Nifedipine 4%, Pentoxifylline 10%, Sildenafil 2% in Lipoderm
- Nifedipine 6%, Pentoxifylline 10%, Sildenafil 4% in Lipoderm
- Nitroglycerine 0.9% in Glaxal Base

### Chemo Induced Peripheral Neuropathy

- Ketamine 5%, Baclofen 5%, Lidocaine 5% in Lipoderm (requires a M3P prescription)
- Add Morphine 1% (also requires a M3P prescription)

### Anal Fissures

- Nifedipine 0.2%, Lidocaine 2%, Hydrocortisone 1% Ointment
- Add Sucralfate 4%
- Rectal Rocket Sucralfate 15.6%, Hydrocortisone 1%, Lidocaine 2%, Nifedipine 0.2%

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

Mitte: \_\_\_\_\_ grams Refill x \_\_\_\_\_

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

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