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:** _____

Urticaria/Pruritus:

□ **Doxepine 5%, Lidocaine □ 2% □ 5% in Xematop**

Add: **Hydrocortisone □ 1% □ 2% ___ %** **Betamethasone □ 0.05% □ 0.1%**
Camphor □ 0.25% □ 0.5% **Aloe vera □ 0.5% □ 1%**
Ketotifen □ 0.05%

Directions: Apply QID to affected area(s) (specify area) _____

Mitte: _____**grams** **Refill x** _____

□ **Naltrexone 1%, pramoxine 1%, Tranilast 1% in XemaTop**

□ **Naltrexone 0.5%, Diphenhydramine 2%, Vitamin D3 5000IU/Gm in Xematop**

Add: **Hydrocortisone □ 1% □ 2% ___ %** **Betamethasone □ 0.05% □ 0.1%**
Camphor □ 0.25% □ 0.5% **Aloe vera □ 0.5% □ 1%**
Ketotifen □ 0.05%

Directions: Apply BID to affected area(s) (specify area) _____

Mitte: _____**grams** **Refill x** _____

□ **Ketamine* □ 1% □ 5% □ 10%, Amitriptyline □ 2% □ 5%, Lidocaine □ 2% □ 5% in Xematop**

Add: **Hydrocortisone □ 1% □ 2% ___ %** **Betamethasone □ 0.05% □ 0.1%**
Camphor □ 0.25% □ 0.5% **Aloe vera □ 0.5% □ 1%**
Ketotifen □ 0.05%

***NB: Ketamine requires M3P**

Directions: Apply BID-TID to affected area(s) (specify area) _____

Mitte: _____**grams** **Refill x** _____

Physician Signature: _____

Physician Name (Print): _____

Address / Phone: _____/_____