

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: _____
Phone: _____

Or: _____

Scar/Stretch Marks Treatment:

<input type="checkbox"/> Tretinoin 0.1% in Pracasil-Plus	Add:	<input type="checkbox"/> Aloe Vera 0.5%
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Acne Scars:

<input type="checkbox"/> Topiramate 2.5% Pracasil-Plus	Add:	Betamethasone	<input type="checkbox"/> 0.1%	<input type="checkbox"/> 0.5%
<input type="checkbox"/> Topiramate 2.5%, Caffeine 1%, Tranilast 1%, Pentoxifylline 1% in Pracasil-Plus				
<input type="checkbox"/> Fluocinolone acetonide 0.01%, Hydroquinone 4%, Tretinoin 0.05% in Pracasil-Plus				

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

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.
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