

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: \_\_\_\_\_

**Scar/Stretch Marks Treatment:**

- Tretinoin 0.1% in Pracasil-Plus                      Add:    Aloe Vera 0.5%
- Collegenase 350U/Gm, hyaluronidase 250U/Gm Pracasil-Plus

**Acne Scars:**

- Topiramate 2.5% Pracasil-Plus    Add: Betamethasone    0.1%     0.5%
- Topiramate 2.5%, Caffeine 1%, Tranilast 1%, Pentoxifylline 1% in Pracasil-Plus
- 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.  
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.