

Tache Pharmacy
400 Tache Avenue
Winnipeg, MB R2H 3C3
Phone: 204-233-3469 Fax: 204-231-1739

Patient Name:	DOB:
Patient Address:	PHIN:
Patient Phone:	Date:

Bimix (Please circle if you choose this one) Papaverine 30mg Phentolamine 1mg per ml M: 10ml (2x5ml) Sig: Use as directed Refill: 1 2 3 (Please circle)	
Trimix (Please circle if you choose this one) Alprostadil 5.9ug Papaverine 17.6mg Phentolamine 0.65mg per ml M: 5ml (2x2.5ml vials) Sig: Use as directed Refill: 1 2 3 (Please circle)	
Quadmix (Please circle if you choose this one) Alprostadil 10ug Papaverine 12mg Phentolamine 1mg Atropine 0.15mg per ml M: 5ml (2x2.5ml vials) Sig: Use as directed Refill: 1 2 3 (Please circle)	
Note relative potency: Bimix 4 : Trimix 2 : Quadmix 1	

Monoject 29G ½"1ml Syringe M: 20 Syringes Sig: Use as directed Refill: 3	BD Alcohol Swabs M: 20 Sig: Use as directed Refill: 3
Physician Information Name:	Address:
Phone:	Fax:

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