

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

<b>Patient Name:</b>	<b>DOB:</b>
<b>Patient Address:</b>	<b>PHIN:</b>
<b>Patient Phone:</b>	<b>Date:</b>

**Trimix Gel\***

Alprostadil 300mcg/papaverine 6mg/phentolamine 0.4mg/lidocaine 10mg per 0.2ml

**\*Note: 30 day expiry date once mixed**

M:    ☐ 1 Syringe of 0.6ml

☐ 2 Syringes of 0.6ml

☐ 3 Syringes of 0.6ml

Sig: Instill 0.2ml into the urethra as directed

Refill:            1            2            3    (Please circle)    \_\_\_\_\_ (other)

<b>Prescriber Name:</b> <b>(Please print)</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Signature:</b>	

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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