



**RX PHARMACY & COMPOUNDED
PRODUCTS INC.**

1-B 2665 HENDERSON HWY. EAST ST. PAUL, MB, R2E 0K7
PHONE: 204-306-4445
FAX: 833-536-1732

DICLOFENAC ORDER FORM

PHARMACY NAME: _____

ADDRESS: _____

TELEPHONE #: _____

FAX #: _____

ALL STRENGTHS OF DICLOFENAC IN PLO = \$17.95

- DICLOFENAC 12% IN PLO 100G QTY: _____
- DICLOFENAC 10% IN PLO 100G QTY: _____
- DICLOFENAC 8% IN PLO 100G QTY: _____
- DICLOFENAC 6% IN PLO 100G QTY: _____

SCENTS AVAILABLE IF REQUESTED: LAVENDER OR MINT

NAME (PLEASE PRINT): _____

SIGNATURE: _____

****CHANGES/ CANCELLATIONS CANNOT BE MADE TO AN ORDER ONCE SUBMITTED****

THIS TELECOPY IS CONFIDENTIAL AND IS INTENDED TO BE RECEIVED BY THE ADDRESSEE ONLY. IF THE READER IS NOT THE INTENDED RECIPIENT, YOU ARE ADVISED THAT ANY DISTRIBUTION OR COPYING OF THIS FACSIMILE IS STRICTLY PROHIBITED.