B2-2665 Henderson Hwy
East St. Paul, Manitoba
R2E0C4

T: (204) 306-4445

F: (833) 536-1732

## Theresa Mahood RPh #48103

Compounding Pharmacist, Pharmacy Manager and Owner

Patient Name:	Phone:
DOB:	Address:
PHIN:	
Common Pain Combinations	
<ul> <li>☐% Diclofenac (5-12%)</li> <li>☐ Gabapentin 5% Diclofenac 5%</li> <li>☐ Gabapentin 10% Diclofenac 10%</li> <li>☐ Gabapentin 10% Diclofenac 10% Baclofen 2%</li> <li>☐ + Lidocaine 5% (Best for initial use, may omit for maintenance)</li> <li>☐ + DMSO 10% (Enhances penetration for deep tissues)</li> </ul>	
Base:  ☐ PLO (Sticky Gel, has longer contact time) ☐ Cream (Fast absorbing and cosmetically preferred)	
Mitte: grams Refills x	
Sig: Apply to affected area(s)	times a day (2-4) PRN
Prescriber Name and License:	
Prescriber Signature:	
Prescriber Phone and Address:	
Date:	

Please fax completed form to **1-833-536-1732**. The pharmacy will call the patient and confirm the cost before compounding. We offer **FREE CITY WIDE DELIVERY!** 

CONFIDENTIALITY NOTICE: THIS COMMUNICATION SENT BY TELECOPIER IS CONFIDENTIAL, MAY BE PRIVILEGED AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE. ANY OTHER PERSON IS STRICTLY PROHIBITED FROM USING, DISCLOSING, DISTRIBUTING OR REPRODUCING IT. IF THE ADDRESSEE CANNOT BE REACHED OR IS UNKNOWN TO YOU, PLEASE TELEPHONE US IMMEDIATELY AT OUR EXPENSE AT ABOVE-MENTIONED NUMBER AND RETURN THIS COMMUNICATION BY MAIL TO THE ABOVE-MENTIONED ADDRESS.