Platinum Compound Rx Pharmacy

Theresa Mahood RPh #48103

Compounding Pharmacist, Pharmacy Manager and Owner

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

T: (204) 306-4445

F: (833) 536-1732

Patient Name:	**Phone:**
DOB:	**Address:**
PHIN:	

Common Pain Combinations
☐ _____% Diclofenac (5-12%) ☐ Gabapentin 5% Diclofenac 5% ☐ Gabapentin 10% Diclofenac 10% ☐ Gabapentin 10% Diclofenac 10% Baclofen 2% ☐ + Lidocaine 5% (Best for initial use, may omit for maintenance) ☐ + DMSO 10% (Enhances penetration for deep tissues)

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!**