



Theresa Mahood RPh #48103

Compounding Pharmacist, Pharmacy Manager and Owner

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T: (204) 306-4445

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

Pain
<input type="checkbox"/> _____ % Diclofenac (5-12%) <input type="checkbox"/> PLO (Sticky Gel, has longer contact time) <input type="checkbox"/> Cream (Fast absorbing and cosmetically preferred)

Dermatology
Acne <input type="checkbox"/> 1% Clindamycin in <input type="checkbox"/> 2% Clindamycin in <input type="checkbox"/> Reversa 8% Glycolic acid <input type="checkbox"/> Reversa Acnex 8% Glycolic acid + 2% Salicylic acid <input type="checkbox"/> Salicylic acid 2%
Psoriasis <input type="checkbox"/> Coal Tar 5% + Salicylic acid 5% in <input type="checkbox"/> Petrolatum <input type="checkbox"/> Clotrimazole 0.05% Ointment
Warts <input type="checkbox"/> _____ % salicylic acid in petrolatum (40 or 50%)
Rash <input type="checkbox"/> Hydrocortisone Pwd 1% in Clotrimazole 1% Cream <input type="checkbox"/> CeraVe / Eucerin Aquaphor 3:1 <input type="checkbox"/> Nipple ointment : 2% miconazole in betamethasone 0.1%/mupirocin 2% 1:1 oint

Rectal Products
Ointments <input type="checkbox"/> 0.2% nifedipine in petrolatum <input type="checkbox"/> _____ % nifedipine + _____ % lidocaine rectal ointment

Mitte: _____	Refills x _____
Sig: _____	
Prescriber printed name: _____ Prescriber license: _____	
Address: _____ Phone Number: _____	
Prescriber signature: _____	
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!	