

To: **Dynasty Pharmacy**
5460 Yonge St Unit 106
North York, ON-M2N 6K7
Phone: 416-250-5460
Fax: 416-250-5461

Patient Name _____
Address: _____
Date of Birth: _____
PHIN: _____
Today's Date: _____
Phone: _____

Or: _____

Rheumatoid Arthritis/Joint Pain:

- Diclofenac 10%, Tetracaine 5%, DMSO 10% in Lipoderm
- Ketorolac 10%, Tetracaine 5%, DMSO 10% in Lipoderm
- Add CMO 2% Add Baclofen 2%

Lower Back Pain

- Diclofenac 8%, Baclofen, 2%, Tetracaine 2%, DMSO 5% in Lipoderm
- Diclofenac 8%, Baclofen 5%, Tetracaine 5%, DMSO 10% in Lipoderm
- Add CMO 2% Add Amitriptyline 2%

Post-Herpetic Neuralgia

- Ketamine 10%, Morphine 1%, Amitriptyline 2%, Lidocaine 5% in Lipoderm (requires a M3P prescription)
- Ketamine 15%, Morphine 2%, Amitriptyline 5%, Lidocaine 5% in Lipoderm (requires a M3P prescription)
- Benzocaine 5%, Lidocaine 10%, Tetracaine 5% Spray
Note: Add gabapentin 2% to make the spray eligible for Pharmacare

Neuropathic Pain

- Loperamide 10%, Gabapentin 6%, Amitriptyline 2%, DMSO 5%, Tetracaine 5% in Lipoderm
- Ketamine 10%, Morphine 1%, Gabapentin 6%, Amitriptyline 2%, Tetracaine 5% in Lipoderm (requires a M3P)

Directions: Apply _____ mL to affected area(s) (specify area) _____
(frequency) _____.

Mitte: _____ grams Refill x _____

Physician Signature: _____

Physician Name (Print): _____

Address / Phone: _____ / _____

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Base: Lipoderm PLO Versabase Other (specify) _____

Radiation Burns

- Morphine 0.5%, Lidocaine 2%, Gabapentin 6% (requires a M3P prescription)
- Ketoprofen 2%, Lidocaine 2%, Misoprostol 0.0024%, Phenytoin 2%, Aloe Vera 0.2%

Raynaud's Syndrome

- Nifedipine 4%, Pentoxifylline 10%, Sildenafil 2% in Lipoderm
- Nifedipine 6%, Pentoxifylline 10%, Sildenafil 4% in Lipoderm
- Nitroglycerine 0.9% in Glaxal Base

Chemo Induced Peripheral Neuropathy

- Ketamine 5%, Baclofen 5%, Lidocaine 5% in Lipoderm (requires a M3P prescription)
- Add Morphine 1% (also requires a M3P prescription)

Anal Fissures

- Nifedipine 0.2%, Lidocaine 2%, Hydrocortisone 1% Ointment
- Add Sucralfate 4%
- Rectal Rocket Sucralfate 15.6%, Hydrocortisone 1%, Lidocaine 2%, Nifedipine 0.2%

Directions: Apply _____ mL to affected area(s) (specify area) _____
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Mitte: _____ grams Refill x _____

Physician Signature: _____

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