

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: _____

Or: _____

Phone: _____

Base: Lipoderm PLO Versabase Other (specify) _____

+ DMSO ___ 5% ___ 10% ___ 20%

Check the Ingredient & Strength:

Other Strength:

Ketamine ___ 5% ___ 10% ___ 15% _____ %
Magnesium Chloride ___ 10% ___ 15% _____ %

Morphine ___ 0.1% ___ 0.5% ___ 1% ___ 2% _____ %
Loperamide ___ 5% ___ 10% _____ %

Gabapentin ___ 4% ___ 6% ___ 8% ___ 10% _____ %

Lidocaine ___ 2% ___ 4% ___ 5% _____ %
Tetracaine ___ 2% ___ 4% ___ 5% _____ %
Bupivacaine ___ 0.5% ___ 1% ___ 2% _____ %

Diclofenac ___ 2% ___ 4% ___ 5% ___ 8% ___ 10% ___ 12% _____ %
Ketoprofen ___ 5% ___ 10% ___ 20% _____ %
Ketorolac ___ 8% ___ 10% _____ %

Cetyl Myristoleate ___ 2% ___ 4% ___ 6% ___ 10% _____ %

Baclofen ___ 2% ___ 5% _____ %

Cyclobenzaprine ___ 2% ___ 4% ___ 5% _____ %

Amitriptyline ___ 2% ___ 5% _____ %

Clonidine ___ 0.1% ___ 0.2% _____ %

Nifedipine ___ 2% ___ 5% ___ 10% _____ %
Pentoxifylline ___ 5% ___ 10% ___ 15% _____ %
Sildenafil ___ 2% ___ 4% _____ %

Guafenesin ___ 5% ___ 10% Menthol ___ 0.5% ___ 2% Camphor ___ 0.25%

Capsaicin ___ 0.025% ___ 0.05% ___ 0.075% _____ %

Additional Ingredients: _____ % _____ %

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

Mitte: _____ grams (Total % ≤ 30%) Refill x _____

Physician Signature: _____

Physician Name (Print): _____

Address / Phone: _____ / _____

Prescription Certification: This prescription represents the original of the prescription. The pharmacy addressee noted above is the only intended recipient and there are no other. The original prescription has been invalidated and securely filed and it will not be transmitted elsewhere at another time.
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