

Dynasty Pharmacy

5460 Yonge St Unit 106
North York, ON-M2N 6k7

Phone: 416-250-5460 Fax: 416-250-5461

For: _____ PHIN: _____

Address: _____

Phone: _____ Date: _____

Rx

14 day Expiration:

- 1. Amitriptyline _____ mg/ml
- 2. Aripiprazole _____ mg/ml
- 3. Buspirone _____ mg/ml
- 4. Citalopram _____ mg/ml
- 5. Duloxetine _____ mg/ml
- 6. Fluvoxamine _____ mg/ml
- 7. Lorazepam _____ mg/ml
- 8. Mirtazapine _____ mg/ml
- 9. Olanzapine _____ mg/ml
- 10. Paroxetine _____ mg/ml
- 11. Sertraline _____ mg/ml
- 12. Venlafaxine _____ mg/ml
- 13. Ziprasidone _____ mg/ml

30 day Expiration:

- 14. Atomoxetine _____ mg/ml
- 15. Methylphenidate _____ mg/ml
- 16. Nitrazepam _____ mg/ml
- 17. Quetiapine _____ mg/ml

60 day Expiration:

- 18. Clonazepam _____ mg/ml
- 19. Diazepam _____ mg/ml
- 20. Gabapentin _____ mg/ml
- 21. Topiramate _____ mg/ml

90 day Expiration:

- 22. Lamotrigine _____ mg/ml

No. _____ Sig: _____ mL(s) HS QD BID TID QID Other: _____ Mitte: _____ ml

No. _____ Sig: _____ mL(s) HS QD BID TID QID Other: _____ Mitte: _____ ml

No. _____ Sig: _____ mL(s) HS QD BID TID QID Other: _____ Mitte: _____ ml

Flavors (check box if applicable):

- Banana Bubblegum Cherry Chocolate Grape Orange
Peanut Butter Raspberry Strawberry Tutti-Frutti Watermelon

REPEAT	1	2	3	4	5	6	NR
AT	DAY INTERVALS						

Physicians Name (PRINT): _____

Address: _____

Phone #: _____

Signature X _____ License #: _____

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. THE TELECOPY IS CONFIDENTIAL AND IS INTENDED TO BE RECEIVED BY THE ADDRESSEE ONLY. IF THE READER IS NOT THE RECIPIENT THEREOF, YOU ARE ADVISED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS FACSIMILE IS STRICTLY PROHIBITED.