

Dynasty Pharmacy

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

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

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

Bimix (Please circle if you choose this one)

Papaverine 30mg

Phentolamine 1mg per ml

M: 10ml

Sig: Use as directed Refill: 1 2 3 (Please circle)

Trimix (Please circle if you choose this one)

Alprostadil 5.9ug

Papaverine 17.6mg

Phentolamine 0.65mg per
ml

M: 10ml

Sig: Use as directed Refill: 1 2 3 (Please circle)

Quadmix (Please circle if you choose this one)

Alprostadil 10ug

Papaverine 12mg

Phentolamine 1mg

Atropine 0.15mg per
ml

M: 10ml

Sig: Use as directed Refill: 1 2 3 (Please circle)

Note relative potency: Bimix 4 : Trimix 2 : Quadmix 1

BD Insulin Syringes

M: 10 Syringes

Sig: Use as directed

Refill: 12

BD Alcohol Swabs

M: 100

Sig: Use as directed

Refill: 3

Physician Information Name:	Address:
Phone:	Fax:

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