

Fax 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: _____
Patient Phone: _____
Today's Date: _____

Or: _____

Peyronie's Topical Cream

Verapamil 15% in Vanpen

M: 60 grams

Sig: Apply 0.5ml BID. If pain persists after 3 months then apply 1ml BID

Refill: 1 year

Physician Name (Print): _____

Address: _____

Phone: _____

Signature: _____

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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