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FAX: 587-782-6849.

e-mail: dccinfo@dispensariesltd.ca

<b>Facility Name</b>			
<b>Address</b>		Phone #	
		Fax #	
<b>Postal Code</b>		email	

<b>PAIN CREAMS:</b>					
%	Diclofenac	%	Menthol	%	
%	Cyclobenzaprine	%	Lidocaine	%	
%	Gabapentin	%	Ketoprofen	%	
DicloGel/ Lipoderm/ Other		QTY			

<b>OTHER Compounds:</b>	<b>Item and Strength (print clearly)</b>	<b>Dosage Form</b>	<b>Quantity</b>
1			
2			
3			

**When ordering a suspension please indicate flavor** (If flavoring is not compatible we will contact you):

	Apple		Cherry		Marshmallow		Strawberry
	Banana		Chocolate		Raspberry		Tutti Frutti
	Bubble Gum		Grape		Root Beer		Watermelon

Check if PRICE QUOTE ONLY: \_\_\_\_\_

<b>Notes</b>

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

When ordering a Controlled or Narcotic: Pharmacist Signature & Lic #: \_\_\_\_\_