

FAX: 587-782-6849.
e-mail: dccinfo@dispensariesltd.ca

Facility Name			
Address		Phone #	
		Fax #	
Postal Code		email	

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

OTHER Compounds:	Item and Strength (<i>print clearly</i>)	Dosage Form	Quantity
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: _____

Notes

Contact Name: _____ **Date:** _____

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