

Fax Prescription to (choose the one appropriate):

☐ **The Prescription Shop**

3-555 Balmoral Street, Winnipeg, MB

☎ 204-944-0957 ☎ 204-944-0954

☐ **Shawano Pharmacy**

2-2521 McPhillips Street, Winnipeg, MB R2V 4M3

☎ 204-944-1540 ☎ 204-944-1577

- For FNIHB clients in Berens River, Bloodvein, Brokenhead, Hollow Water, Little Black River, Little Grand Rapids, Pauingassi, Poplar River

☐ **SpiritRx Services** (formerly Grand Medicine)

15-801 Century Street, Winnipeg, MB R3H 0C3

☎ 204-885-7504 ☎ 204-885-0768

- For all other rural/remote FNIHB communities

☐ **Other:**

To the Pharmacist

This prescription is:

- ☐ new prescription
- ☐ addition to previous prescription
- ☐ to replace previous prescription
- ☐ to begin after previous prescription complete
- ☐ replacement doses

Please supply as:

- ☐ blister pack (*default unless specified*)
- ☐ bulk bottle
- ☐ liquid bulk bottle
- ☐ liquid unit dose

Additional dispensing info:

Hospital use only (inpatient doses received):

Date Started: MM / DD / YYYY

RIF: _____ mg PO X _____ doses

INH: _____ mg PO X _____ doses

EMB: _____ mg PO X _____ doses

PZA: _____ mg PO X _____ doses

MFx: _____ mg PO X _____ doses

LFx: _____ mg PO X _____ doses

Other: _____

Patient Name: Date:

DOB: PHIN: Gender: M / F

Address:

Treaty #: Band:

Weight: Allergies:

Open-Ended TB Treatment Prescription

☐ LTBI/Window ☐ Suspected/Active TB

Prescriber Signature:

Prescriber Name: License No.:

Address:

Tel.: Fax: Date: