

Patient Name: ..... Date: .....  
 DOB: ..... PHIN: ..... Gender: M / F  
 Address: .....

**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:**

Treaty #: ..... Band: .....  
 Weight: ..... Allergies: .....

**Latent TB Treatment Prescription**

**Choose one or more of the following as applicable:**

- Directly Observed – 1 x weekly
- Directly Observed – 2 x weekly
- Directly Observed – 3 x weekly
- Patient Self-Administer – Daily  
(Dispense to patient)

Isoniazid \_\_\_\_\_ mg PO X \_\_\_\_\_ doses

RifAMPin \_\_\_\_\_ mg PO X \_\_\_\_\_ doses

Pyridoxine \_\_\_\_\_ mg PO X \_\_\_\_\_ doses

Rifapentine \_\_\_\_\_ mg PO X \_\_\_\_\_ doses

**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:**

Prescriber Signature: .....  
 Prescriber Name: ..... License No.: .....  
 Address: .....  
 Tel.: ..... Fax: ..... Date: .....

Prescriber Certification: This prescription represents the original of the prescription drug order. The pharmacy addressee noted above is the only intended recipient and there are no others. The original prescription has been invalidated and securely filed, and it will not be transmitted elsewhere at another time by the prescriber. Quantity must be stated in words and numerals. THIS TELECOPY IS CONFIDENTIAL AND IS INTENDED TO BE RECEIVED BY THE ADDRESSEE ONLY. IF THE READER IS NOT THE INTENDED RECIPIENT THEREOF, YOU ARE ADVISED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS FACSIMILE IS STRICTLY PROHIBITED. Use of this form for purposes or by persons, not authorized under the Controlled Drugs and Substances Act and its Regulations is a criminal offence.