



**PHARMACY & COMPOUNDING LAB**  
**#105 11523 100 AVENUE EDMONTON, ALBERTA T5K 0J8**  
**PH: 780-482-3322 FX: 780-482-6889**  
**lemarchanddisp@gmail.com**  
**www.lemarchanddispensary.com**

**PHARMACY COMPOUND ORDER FORM (FAX TO 780-482-6889)**

*OR*

**\*\*PLACE ORDER ONLINE AT LEMARCHANDDISPENSARY.CA\*\***

DATE: \_\_\_\_\_ PHARMACY NAME: \_\_\_\_\_

- \_\_\_\_\_ % DICLOFENAC IN PLO GEL X \_\_\_\_\_ GM
- \_\_\_\_\_ % DICLOFENAC IN VERSAPRO CREAM X \_\_\_\_\_ GM
- \_\_\_\_\_ % DICLOFENAC
  - \_\_\_\_\_ % CYCLOBENZAPRINE
  - \_\_\_\_\_ % GABAPENTIN
  - \_\_\_\_\_ % LIDOCAINE
  - \_\_\_\_\_ % MENTHOL
  - \_\_\_\_\_ % OTHER: \_\_\_\_\_

IN \_\_\_\_\_ (WRITE BASE) TOTAL QTY \_\_\_\_\_ GM

- TRAMADOL CAPSULES \_\_\_\_\_ MG X \_\_\_\_\_ CAPSULES
- PHENAZOPYRIDINE 100MG X \_\_\_\_\_ CAPSULES
- PLO KIT X \_\_\_\_\_ ML
- OTHER COMPOUNDS (NOT LISTED ABOVE):

NAME OF PERSON PLACING ORDER: \_\_\_\_\_

**\*\*\*NOTE\*\*\* PLEASE ALLOW FOR UPTO 2 BUSINESS DAYS FOR DELIVERY**

<p><i>FOR OFFICE USE ONLY:</i></p> <p>CALLER CUSTOMER TO CONFIRM ORDER: _____ (INITIALS) DATE: _____</p> <p>EXPECTED DELIVERY DATE: _____</p>
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