

Clinic Information

Patient Name \_\_\_\_\_

Personal Health Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Rx: BC Cancer Magic Mouthwash**

diphenhydramine liquid (12.5 mg/5 mL) 300 mL

hydrocortisone injection (100 mg/2 mL) 2 mL

nystatin suspension (100,000 units/mL) 100 mL

distilled water qs to 1000 mL

**Sig:**

- 20 mL swish and spit q4-6h PRN
- 20 mL swish and swallow q4-6h PRN

**PharmaCare Special Authority PIN: 22123334**

Refills \_\_\_\_\_

Prescriber's Name \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_

Date \_\_\_\_\_ CPS No. \_\_\_\_\_