

PATIENT PRESCRIPTION REQUEST FORM

PATIENT INFORMATION				
Pet Owner's Name		Pet Owner's Name		
Address				
City	State	Zip Code	Phone	

PRODUCTS				
Product	AMT	Fills	# of Refills	
Acetazolamide 250 mg - 100 Tab			0	1 2 3 4
Adequan I.M.7 vials (5 mL each)			0	1 2 3 4
Banamine Oral Paste - 30 g tube			0	1 2 3 4
Cimetidine 400mg 100 tablets			0	1 2 3 4
Cimetidine 800mg 100 tablets			0	1 2 3 4
Cyproheptadine Tabs - 4mg			0	1 2 3 4
Doxycycline Hyclate Tab 100 mg			0	1 2 3 4
Eqvalan Liquid 100 mL bottle			0	1 2 3 4
Flunixin Meglumine 50 mg/mL- 100mL			0	1 2 3 4
Flunixin Meglumine 50 mg/mL- 250ml			0	1 2 3 4
Hydroxyzine HCL 25mg 100 count bottles.			0	1 2 3 4
Hydroxyzine HCL 50mg tablets 100 count bottle			0	1 2 3 4
Isoxsuprine HCl, USP (20 mg) 1000 Tablets			0	1 2 3 4
Legend 20 ml Vial			0	1 2 3 4
Legend 4 mL vial			0	1 2 3 4
Phenylbutazone Tablets 100 Tablets - 1 gram			0	1 2 3 4
Phenylbute Powder 100 g			0	1 2 3 4
Phenylzone Paste 12 gm			0	1 2 3 4
Phenylzone Paste 6 gm			0	1 2 3 4
PromAce Injectable 10 mg/mL 50 mL			0	1 2 3 4
Ranitidine 150mg 100 tabs			0	1 2 3 4
Ranitidine 300mg 100tabs			0	1 2 3 4
Ranitidine 300mg 250tabs			0	1 2 3 4
Sulfamethoxazole Trimethoprim, USP 100 Tabs			0	1 2 3 4
Sulfamethoxazole Trimethoprim, USP 500 Tabs			0	1 2 3 4
Thyro-L 1# (453.6g)			0	1 2 3 4
Thyro-L 10#			0	1 2 3 4
Tri-Hist Granules 20 oz (567 g)			0	1 2 3 4
Tri-Hist Granules 5 lb container			0	1 2 3 4
Tribrissen 400 Oral Paste 30 gm			0	1 2 3 4
Ventipulmin Syrup 100 ml			0	1 2 3 4
Ventipulmin Syrup 330 mL			0	1 2 3 4
Ventipulmin Syrup 460 ml			0	1 2 3 4

DOCTOR INFORMATION				
Physician's Name _____				
Address _____				
City/State _____	Zip Code _____			
License # _____	UPIN# _____	Telephone _____		

The treatment of _____ (condition/illness)

and that all items completed on this form are accurate.

Veterinarians Signature _____ Date _____

Please complete and fax to: 352-293-7762

Please note : By law, patients cannot receive medication until this signed prescription is received. Thank you!