AffordablePetRX.com

Veterinary Products P-Z

FAX *352-293-7762*

PATIENT PRESCRIPTION REQUEST FORM

PATIENT INFORMATION

Pet Owner's Name **Pet Owner's Name**

Address

City **State** **Zip Code** **Phone**

PATIENT INFORMATION

Product	AMT	Fills	# of Refills
Phenylzone Paste 12gm Oral Syr			0 1 2 3 4
Pilocarpine 2% Ophth Sol 15 ml			0 1 2 3 4
Prednisolone Tab mg_____			0 1 2 3 4
Prednisolone Ace Ophth Susp 1% 15ml			0 1 2 3 4
Prednisolone Sod Phos 1% Oph Sol 15 ml			0 1 2 3 4
Prednisone Tab mg_____			0 1 2 3 4
Previcox Tab mg_____			0 1 2 3 4
Primidone Tab mg_____			0 1 2 3 4
Primor Tab mg_____			0 1 2 3 4
Proin Chew Tab mg_____			0 1 2 3 4
PZI Vet Cat Insulin 40-U/ml 10ml Vial			0 1 2 3 4
Revolution (size)_____			0 1 2 3 4
Rimadyl Caplet mg_____			0 1 2 3 4
Selegiline Tab mg_____			0 1 2 3 4
Spironolactone Tab mg_____			0 1 2 3 4
Sulfameth W/Trim Tab mg_____			0 1 2 3 4
Sulfasalazine Tabs mg_____			0 1 2 3 4
Synotic Otic 8 ml			0 1 2 3 4
Tapazole Tab mg_____			0 1 2 3 4
Temaril-P Tablets_____			0 1 2 3 4
Terramycin Opth Oint 3.5gm Tube			0 1 2 3 4
Tetracycline Cap mg_____			0 1 2 3 4
Theophylline ER Tab mg_____			0 1 2 3 4
Thyro-Tabs mg_____			0 1 2 3 4
Tresaderm 15ml Bottle			0 1 2 3 4
Triamcinolone Tabs mg_____			0 1 2 3 4
Tritop 10 Gm			0 1 2 3 4
Urocit-K 10mEq (1080 mg) Tab_____			0 1 2 3 4
Uroeze 200mg Tab			0 1 2 3 4
Zymox Otic Hydrocort Free 1.25 Oz Btl			0 1 2 3 4
Zymox Otic W/ 1.0% Hydro 1.25 Oz Btl			0 1 2 3 4
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PATIENT INFORMATION

Physician's Name _____

Address _____

City/State _____ **Zip Code** _____

License # _____ **UPIN#** _____ **Telephone** _____

I certify that I am actively treating this patient, that this prescription is necessary for 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!

1) **Have your veterinarian mark size, quantity and number of refills**
2) **Have your veterinarian complete, date and sign the veterinarian information form in the box above.**
3) **Fax this copy to 1-727-588-9050. Sending only the prescription without an order does not constitute an order. An order must be e mailed, faxed or completed on-line.**