

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	
Albon Tab mg			0 1 2 3 4	
Albon Suspension 5% 1 Pt Bottle			0 1 2 3 4	
Allopurinol Tab mg			0 1 2 3 4	
Aminophylline Tab mg			0 1 2 3 4	
Amoxicillin Tab/Cap mg			0 1 2 3 4	
Amoxicillin Drops 50mg/ml 15ml			0 1 2 3 4	
Animax Oint/Cream Tube			0 1 2 3 4	
Anipryl Tab mg			0 1 2 3 4	
Antirobe Cap mg			0 1 2 3 4	
Antirobe Aquadrop 25mg/ml 20ml			0 1 2 3 4	
Artificial Tears 15 MI Btl			0 1 2 3 4	
B.N.P. Triple Anti Opth Oint 3.5gm			0 1 2 3 4	
B.N.P.W/H Trpl Anti Op Ont .5gm			0 1 2 3 4	
Banamine Inj 50mg/ml 100ml vl			0 1 2 3 4	
Banamine Paste 30gm Oral Syr			0 1 2 3 4	
Baytril Otic 15 ml			0 1 2 3 4	
Betagen Topical Spray 120ml			0 1 2 3 4	
Cephalexin Cap mg			0 1 2 3 4	
Ceph Liquid 250mg/5ml 100ml Btl			0 1 2 3 4	
Chlorpheniramine Cap mg			0 1 2 3 4	
Chlorphen Tabs mg			0 1 2 3 4	
Clavamox Tab mg			0 1 2 3 4	
Clavamox Drops 15ml Bottle			0 1 2 3 4	
Clindamycin Cap mg			0 1 2 3 4	
Clinda Aqua 25mg/ml 20ml Btl			0 1 2 3 4	
Clotrimazole Cream 1% 15 gm.			0 1 2 3 4	
Corti-Care Hydro W/ Aloe 4oz Spr			0 1 2 3 4	
Deramaxx Chew mg			0 1 2 3 4	
Dexameth Scored Tabs mg			0 1 2 3 4	
Dexamethasone Opth Sol 5ml			0 1 2 3 4	
Digoxin Tab mg			0 1 2 3 4	
Diphenhydramine Tab mg			0 1 2 3 4	
Doxycycline Cap/Tab mg			0 1 2 3 4	
Droncit K9 / Fel Tab			0 1 2 3 4	
Drontal Plus K9 Tab mg			0 1 2 3 4	
Enacard Tab mg			0 1 2 3 4	
Enalapril Tab mg			0 1 2 3 4	
Etodolac Cap mg			0 1 2 3 4	
EtoGesic Tab mg			0 1 2 3 4	
Florinef 0.1mg Tab			0 1 2 3 4	
Flunixin Meg Inj 50mg 100ml Vial			0 1 2 3 4	
Furosemide Tab mg			0 1 2 3 4	
Genesis Topical Spray 16oz			0 1 2 3 4	
Gentamicin Opth Sol 5ml			0 1 2 3 4	
Glipizide Tab mg			0 1 2 3 4	
Heartgard PL Size			0 1 2 3 4	
Humulin N 100 Units/ml 10 ml Vial			0 1 2 3 4	
Hydroxyzine HCL Tab mg			0 1 2 3 4	
Insulin Syringe (size)			0 1 2 3 4	
Ivomec Injection 1% 50ml Btl			0 1 2 3 4	
Keto Chlor Shampoo 8 Oz			0 1 2 3 4	
Ketoconazole Tab mg			0 1 2 3 4	
Lincocin Tab mg			0 1 2 3 4	
Lubric Opth Ointment 3.5gm Tube			0 1 2 3 4	
Lysodren Tab 500 mg			0 1 2 3 4	
Malaseb Shampoo Btl			0 1 2 3 4	
Megestrol Tab mg			0 1 2 3 4	
Methazolamide Tab mg			0 1 2 3 4	
Methigel Urinary Acidifier 4.25 Oz Tube			0 1 2 3 4	
Methimazole Tab mg			0 1 2 3 4	
Methio-Form Tab mg			0 1 2 3 4	
Methylprednisolone Tab mg			0 1 2 3 4	
Metronidazole Tab mg			0 1 2 3 4	
Neo Poly Dex Opth (type)			0 1 2 3 4	
Novox Caplet mg			0 1 2 3 4	
Optimmune 3.5gm Tube			0 1 2 3 4	
Orbax Tab mg			0 1 2 3 4	
Otomax 15gm			0 1 2 3 4	
Ovaban Tab mg			0 1 2 3 4	
Panacur C K9 Deworm Three 1 Gm Pk			0 1 2 3 4	
Panolog (type)			0 1 2 3 4	
Phenylbutazone Tab mg			0 1 2 3 4	

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.	
Veterinarian's 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.