

Sterile Prescription Order Form

For Veterinary Use

IMPORTANT: Compounded formulations are not available "For Office Use".

- Compounded prescription orders must be patient-specific.

- To avoid delays in processing, you must complete the patient information section for each compounded prescription.

PATIENT INFORMATION (REQUIRED):

Date Ordered: _____

Date Needed: _____

Patient Name

Male / Female

Date of Birth

Patient Street Address (No PO Boxes)

City

State

Zip

Phone (Home)

(W / Cell)

Email

► PURPOSE (REQUIRED For Anabolic Steroids)

Patient ID* (Required For Controlled Substances In The Following States: AL, HI, IN, KS, KY, LA, MA, MS, OK, SD)

*State Issued Driver's License # / State ID # / Social Security # / Passport #

(Indicate # type.)

Allergies

PRESCRIPTION:

Drug Strength Vial Size Quantity

Directions (please include dose and frequency)

Preserved or Pres-Free*

Refills

Circle Appropriate Route of Administration(s): IV IM SQ ID (Intradermal- Antigens/Mesotherapy) Prolotherapy

PRACTITIONER INFORMATION:

Circle Designation: MD DO PA NP ND DDS DVM DPM

Practitioner Name (Please Print)

► SIGNATURE (REQUIRED) ◀

DEA #

License #

Office Address (if first time ordering)

City/State/Zip

Phone

Fax

Contact / Faxed By

Delivery Address (if different from patient or practitioner address)

City/State/Zip

Place Office Address Stamp Here.
(Signature Still REQUIRED.)

BILLING INFORMATION:

CC# (M/C, Visa, AMX)

Exp. Date

Security Code

Name on the Credit Card

Bill Credit Card On File.

Last 4 #'s of CC:

Security Code:

Billing Address

City

State

Zip

Special Order Instructions / Notes: