

PATIENT NAME (SPECIES) _____ PATIENT DOB _____

ALLERGIES _____ DIAGNOSIS _____

DAY PHONE _____ CELL PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRESCRIBER NAME _____ DEA _____

PHONE _____

FAX _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACTIVE INGREDIENT

- | | | |
|--|---|--|
| <input type="radio"/> ALUMINUM HYDROXIDE _____mg | <input type="radio"/> MELOXICAM _____mg | <input type="radio"/> THEOPHYLLINE _____mg |
| <input type="radio"/> AMLODIPINE _____mg | <input type="radio"/> METHIMAZOLE _____mg | <input type="radio"/> TRAMADOL _____mg |
| <input type="radio"/> ATENOLOL _____mg | <input type="radio"/> METRONIDAZOLE _____mg | <input type="radio"/> TRAZODONE _____mg |
| <input type="radio"/> BUDESONIDE _____mg | <input type="radio"/> MIRTAZAPINE _____mg | <input type="radio"/> TRILOSTANE _____mg |
| <input type="radio"/> BUPRENORPHINE _____mg | <input type="radio"/> PHENOBARBITAL _____mg | <input type="radio"/> TYLOSIN _____mg |
| <input type="radio"/> CALCITRIOL _____ng | <input type="radio"/> PIMOBENDAN _____mg | <input type="radio"/> URSODIOL _____mg |
| <input type="radio"/> CLOPIDOGREL _____mg | <input type="radio"/> PIROXICAM _____mg | <input type="radio"/> ZONISAMIDE _____mg |
| <input type="radio"/> CISAPRIDE _____mg | <input type="radio"/> POTASSIUM BROMIDE _____mg | <input type="radio"/> OTHER: _____ |
| <input type="radio"/> DIETHYLSTIBESTROL _____mg | <input type="radio"/> PRAZOSIN _____mg | <input type="radio"/> STRENGTH: _____mg |
| <input type="radio"/> DOXYCYCLINE _____mg | <input type="radio"/> PREDNISOLONE _____mg | <input type="radio"/> OTHER: _____ |
| <input type="radio"/> ENROFLOXACIN _____mg | <input type="radio"/> RIVAROXABAN _____mg | <input type="radio"/> STRENGTH: _____mg |
| <input type="radio"/> FLUOXETINE _____mg | <input type="radio"/> SOTALOL _____mg | |
| <input type="radio"/> GABAPENTIN _____mg | <input type="radio"/> SILDENAFIL _____mg | |
| <input type="radio"/> LINEZOLID _____mg | <input type="radio"/> TELMISARTAN _____mg | |

DOSAGE FORM

- | | |
|---|----------------------------------|
| <input type="radio"/> Topical | <input type="radio"/> Capsule |
| <input type="radio"/> Mini Precision Tablet | <input type="radio"/> Suspension |
| <input type="radio"/> Split Dose Tablet | <input type="radio"/> _____ |

FLAVOR

- | | | |
|------------------------------|-------------------------------|-------------------------------------|
| <input type="radio"/> Salmon | <input type="radio"/> Chicken | <input type="radio"/> Bacon |
| <input type="radio"/> Tuna | <input type="radio"/> Beef | <input type="radio"/> Peanut Butter |
| <input type="radio"/> _____ | <input type="radio"/> _____ | <input type="radio"/> _____ |

NOTE: Mini Precision Tablets (MPT) are able to be made in any dose up to 50 mg of active ingredient. Tablet size = 6 mm

NOTE: Split Dose Tablet (SDP) are able to be made in any dose up to 100 mg of active ingredient. Tablet size = 8 mm

DIRECTIONS

DIRECTIONS: _____

QUANTITY

- 30 days 60 days 90 days

REFILL(S) _____

PRESCRIBER AUTHORIZATION

PRESCRIBER SIGNATURE _____

DATE _____

SUBSTITUTIONS PERMITTED

DISPENSE AS WRITTEN