



# VETERINARY COMPOUNDING

**FAX**  
**954-839-9039**

## RX ORDER FORM

<b>Animal Name</b>		<b>Species</b>		<b>Owner Name</b>	
<b>Owner Address</b>					
<b>Owner Tel</b>					

<b>Shipping</b>	Next Day Air \$30		2 <sup>nd</sup> Day Air \$18		Ground \$12		Sat Delivery \$50
<b>Send To</b>	Ship to Clinic		Ship to Patient		Pickup		Other

NOTE: All orders are set by default to shipping with signature required. By marking the box in this section and declining the signature, the recipient of the goods assumes all responsibility in case of theft, damage and/or loss. Signature Required \$3 extra DECLINE SIGNATURE →

<b>Bill</b>	Clinic		Patient		
<b>Visa</b>	MasterCard		Cash		

<b>Credit Card Number</b>		<b>Expiration</b>		<b>CVV</b>	
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<b>Billing Address, City, State, Zip</b>	
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Description	Size	Qty	Directions
Yohimbine 5mg/ml <span style="float: right; color: yellow;">injection</span>	20ml vial		
Doxycycline 40mg/m <span style="float: right; color: yellow;">oral</span>	480ml bottle		
Metronidazole 5mg/ml <span style="float: right; color: yellow;">oral</span>	100ml bottle		
Buprenorphine SR 5ml (3mg/ml) <span style="float: right; color: yellow;">injection</span>	5ml vial		
Buprenorphine HCL (0.3mg/ml) With Preservative for IV IM or SubQ Use <span style="float: right; color: yellow;">injection</span>	10ml vial 30ml vial 100ml vial		
Buprenorphine HCL (0.6 mg/ml) With Preservative for IV IM or SubQ Use <span style="float: right; color: yellow;">injection</span>	10ml vial 30ml vial 100ml vial		
Add Flavor			

<b>Prescribing Physician's Name and Title</b>		<b>Signature</b>	
<b>State License Number</b>		<b>Phone</b>	
<b>DEA License Number</b>		<b>Fax</b>	
<b>Clinic Address, City, State, Zip</b>			