



Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Call When Ready     Text Message When Ready     Delivery     Mail Out

<input type="checkbox"/> <b>Doxycycline Oil Oral Suspension</b> Strength: _____ Qty: _____ Sig: _____ <input type="checkbox"/> <b>Metronidazole 25 mg/ml Oil Oral Suspension</b> Qty: _____ Sig: _____ <input type="checkbox"/> <b>Theophylline 50 mg/ml Oil Oral Suspension</b> Qty: _____ Sig: _____ <input type="checkbox"/> <b>Aminophylline 58.35 mg/ml Oil Oral Suspension</b> Qty: _____ Sig: _____ <input type="checkbox"/> <b>Levetiracetam 100 mg/ml Oil Oral Suspension</b> Qty: _____ Sig: _____ <input type="checkbox"/> <b>Zonisamide 100 mg/ml Oil Oral Suspension</b> Qty: _____ Sig: _____ <input type="checkbox"/> <b>Glipizide 5 mg/ml Oil Oral Suspension</b> Qty: _____ Sig: _____ <input type="checkbox"/> <b>Metronidazole 100 mg/ml Oral Suspension</b> Qty: _____ Sig: _____ <input type="checkbox"/> <b>Itraconazole 150 mg/ml Oil Oral Suspension</b> Qty: _____ Sig: _____ <input type="checkbox"/> <b>Chloramphenicol 250 mg/ml Oral Suspension</b> Qty: _____ Sig: _____	<input type="checkbox"/> <b>Tetracycline HCl 100 mg/ml Oral Suspension</b> Qty: _____ Sig: _____ <input type="checkbox"/> <b>Ciprofloxacin 50 mg/ml Oil Oral Suspension</b> Qty: _____ Sig: _____ <input type="checkbox"/> <b>Griseofulvin 25 mg/ml Oral Suspension</b> Qty: _____ Sig: _____ <input type="checkbox"/> <b>Famotidine 5 mg/ml Oil Oral Suspension</b> Qty: _____ Sig: _____ <input type="checkbox"/> <b>Enrofloxacin 200 mg/ml Oral Suspension</b> Qty: _____ Sig: _____  <input type="checkbox"/> Strength: _____ Qty: _____ Sig: _____
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Refills:    1    2    3    4    5    PRN

\_\_\_\_\_  
*Veterinary Healthcare Provider Signature:*

Print Name: \_\_\_\_\_ Agent sending: \_\_\_\_\_  
 NPI: \_\_\_\_\_ DEA: \_\_\_\_\_

Clinic Name: \_\_\_\_\_  
 Clinic Address: \_\_\_\_\_  
 Clinic Phone/Fax: \_\_\_\_\_

