



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

- Potassium Bromide 250 mg/ml Oral Suspension**
 Qty: _____
 Sig: _____
- Potassium Bromide 500 mg/ml Oral Suspension**
 Qty: _____
 Sig: _____
- Phenobarbital 200 mg/ml Oral Suspension**
 Qty: _____
 Sig: _____
- Phenobarbital 200 mg Animal Treat**
 Qty: _____
 Sig: _____
- Diazepam 10 mg/ml Rectal Gel (Mucolox™/VersaBase®)**
 Qty: _____
 Sig: _____
- Levetiracetam 100 mg/ml Oil Oral Suspension**
 Qty: _____
 Sig: _____
- Zonisamide 100 mg/ml Oil Oral Suspension**
 Qty: _____
 Sig: _____

- Strength: _____
 Qty: _____
 Sig: _____

Refills: 1 2 3 4 5 PRN

Veterinary Healthcare Provider Signature:

Print Name: _____ Agent sending: _____
 NPI: _____ DEA: _____

Clinic Name: _____
 Clinic Address: _____
 Clinic Phone/Fax: _____

