



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

**Phenylbutazone Flavored Powder**

Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_

**Sulfadiazine 333 mg/ml/Pyrimethamine 16.7 mg/ml/ Oral Suspension**

Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_

**Sulfadiazine 333 mg/ml/Pyrimethamine 16.7 mg/ml/Trimethoprim 83 mg/ml 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: \_\_\_\_\_

