



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

Buprenorphine 0.3 mg/ml Sublingual Solution

Qty: _____
 Sig: _____

Buprenorphine 0.6 mg/ml Sublingual Solution

Qty: _____
 Sig: _____

Tramadol HCl 10 mg/0.1ml Topical Lipoderm®

Qty: _____
 Sig: _____

Tramadol HCl 50 mg/ml Oil Oral Suspension

Qty: _____
 Sig: _____

Trazodone HCl 10 mg/0.1ml Topical Lipoderm® ActiveMax™

Qty: _____
 Sig: _____

Gabapentin 50 mg/ml Oil Oral Suspension

Qty: _____
 Sig: _____

Gabapentin 100 mg/ml Oil Oral Suspension

Qty: _____
 Sig: _____

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: _____

