



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

- Amlodipine Besylate 0.625 mg/0.2 ml Topical Lipoderm®**  
 Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_
  
- Atenolol 6.25 mg/0.1 ml Topical Lipoderm®**  
 Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_
  
- Benazepril HCl 5 mg/ml Oral Suspension**  
 Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_
  
- Captopril 5 mg/ml Oral Solution**  
 Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_
  
- Enalapril Maleate 7.5 mg/ml 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:** \_\_\_\_\_

