



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

| | |
|--|---|
| <input type="checkbox"/> Methimazole Topical Lipoderm® <i>(circle strength)</i> 2.5 mg/0.1 ml, 5 mg/0.1ml, 7.5 mg/0.1 ml Qty: _____ Sig: _____ <input type="checkbox"/> Zonisamide 25 mg/0.1 ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Budesonide 1 mg/0.1 ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Cyproheptadine HCl 2 mg/0.1 ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Acepromazine 5 mg/0.2 ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Amitriptyline HCl 10 mg/0.1 ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Amlodipine 0.625 mg/0.2 ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Atenolol 6.25 mg/0.1 ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Buspirone HCl 1.25 mg/0.2 ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Clomipramine HCl 5 mg/0.1 ml Topical Lipoderm® Qty: _____ Sig: _____ | <input type="checkbox"/> Famotidine 2.5mg/0.1ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Ivermectin 0.1mg/0.1ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Cisapride 2.5mg/0.1ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Phenobarbital 10mg/0.1ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Glipizide 2.5mg/0.1ml Topical Lipoderm® Qty: _____ Sig: _____ <input type="checkbox"/> Enrofloxacin 25mg/0.2ml Topical PLO Gel 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: _____

