



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

Fluoxetine 10 mg/ml Oil Oral Suspension

Qty: _____
 Sig: _____

Amitriptyline HCl 10 mg/0.1 ml Topical Lipoderm®

Qty: _____
 Sig: _____

Acepromazine 5 mg/0.2 ml Topical Lipoderm®

Qty: _____
 Sig: _____

Clomipramine HCl 5 mg/0.1 ml Topical Lipoderm®

Qty: _____
 Sig: _____

Clomipramine HCl 5 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: _____

