

Veterinary

Compound Prescription Order Form

P 828-438-9355 F 828-433-1211

200 West Fleming Drive, Morganton, NC 28655

PATENT INFORMATION

Patient Name

Date of Birth

Phone

Address

City

State

Zip

Known Drug Allergies

PRESCRIBER INFORMATION

Physician Name

Address

City

State

Zip

Phone

Fax

NPI

DEA

Item	Strength (weight based, please indicate mg)
<input type="checkbox"/> Allopurinol Suspension	
<input type="checkbox"/> Amlodipine Suspension	
<input type="checkbox"/> Amoxicillin Suspension	
<input type="checkbox"/> Azithromycin Suspension	
<input type="checkbox"/> Cimetidine Capsules	
<input type="checkbox"/> Diazepam Suspension	
<input type="checkbox"/> Doxycycline Suspension	
<input type="checkbox"/> Enalapril Suspension	
<input type="checkbox"/> Famciclovir Suspension	
<input type="checkbox"/> Famotidine Suspension	
<input type="checkbox"/> Fludrocortisone Suspension	
<input type="checkbox"/> Fluoxetine Gel	
<input type="checkbox"/> Fluoxetine Suspension	
<input type="checkbox"/> Furosemide Suspension	
<input type="checkbox"/> Gabapentin Capsules	
<input type="checkbox"/> Gabapentin Suspension	
<input type="checkbox"/> Itraconazole Suspension	
<input type="checkbox"/> Levothyroxine	
<input type="checkbox"/> Linezolid Capsules	
<input type="checkbox"/> Pimobendam Suspension	
<input type="checkbox"/> Piroxicam Suspension	
<input type="checkbox"/> Prednisolone Suspension	

Item	Strength (weight based, please indicate mg)
<input type="checkbox"/> Meloxicam Suspension	
<input type="checkbox"/> Methimazole Gel	
<input type="checkbox"/> Methimazole Suspension	
<input type="checkbox"/> Methionine Suspension	
<input type="checkbox"/> Metronidazole Suspension	
<input type="checkbox"/> Phenobarbital Suspension	
<input type="checkbox"/> Piroxicam Suspension	
<input type="checkbox"/> Potassium Bromide Capsules	
<input type="checkbox"/> Potassium Bromide Suspension	
<input type="checkbox"/> Prednisolone Suspension	
<input type="checkbox"/> Tramadol Suspension	
<input type="checkbox"/> Theophylline Capsules	
<input type="checkbox"/> Theophylline Suspension	
<input type="checkbox"/> Ursodiol Capsules	
<input type="checkbox"/> Ursodiol Suspension	
<input type="checkbox"/> Zonisamide Suspension	

Directions: _____

Quantity

Refills

Physician Signature

Date