

# VETERINARIAN

**MR Compounding Pharmacy**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE BOXES:**

COMPOUND, STRENGTH, AND DIRECTIONS	QTY	REFILLS	PRICE
<input type="checkbox"/> Gabapentin 50 mg/mL suspension Directions:	30 mL		\$35
<input type="checkbox"/> Omeprazole 2 mg/mL suspension Directions:	30 mL		\$35
<input type="checkbox"/> Phenobarbital 15 mg/mL suspension Directions:	30 mL		\$35

**PROVIDER INFORMATION:**

Name: \_\_\_\_\_

Practice: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_