

# New Veterinary Prescription Request

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

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

Zip Code: \_\_\_\_\_ Phone: \_\_\_ - \_\_\_ - \_\_\_\_\_ Fax: \_\_\_ - \_\_\_ - \_\_\_\_\_

## Patient Information

Patient Sticker
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Pet Name: \_\_\_\_\_

Feline      Canine      Other \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Weight: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

## Prescription Information

Drug: \_\_\_\_\_ Qty: \_\_\_\_\_

Sig: \_\_\_\_\_

Needed by: \_\_\_\_\_

Refills: # \_\_\_\_\_ None PRN

Doctor's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature

Date

Deliver To Hospital    Direct To Pet Owner

**Fax to: (207) 619-7273 or email: [info@scirxpharmacy.com](mailto:info@scirxpharmacy.com)**



400 North Route 1, Suite C -- Falmouth, ME 04105 -- Phone: (207) 619-7272