

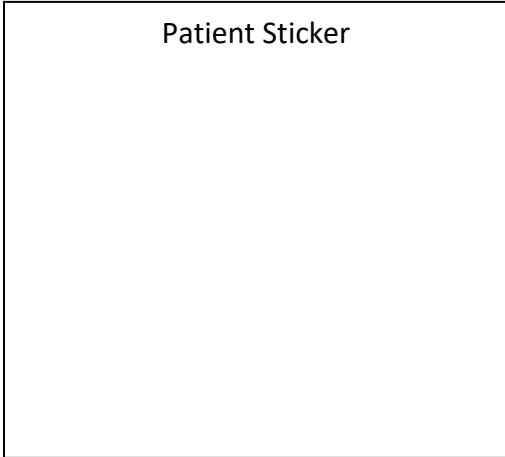
SCIRx Pharmacy New Veterinary Prescription Request

Practice Name: _____

Address: _____ City: _____

Zip Code: _____ Phone: ___ - ___ - _____ Fax: ___ - ___ - _____

Patient Information



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

Prescriber justification for Compounded Medication:

- Commercial product would **reduce compliance and /or would not be effective** in achieving medical outcome.
- Commercial product is not available and /or unable to source.
- Utilization of commercially available **dose is unachievable or unsafe for patient.**
- Patient has an intolerance, sensitivity toxicity, or aversion to commercial product.
- Other medical rational: _____

Deliver To Hospital Direct To Pet Owner

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

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