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| Prescriber Signature:  | TEL:   | <br><b>Equine Rx Order Form</b><br><br><b>Fax To: 859/273-2860</b><br><b>Toll Free: 866/707-0998</b><br><b>Local: 859/273-2930</b><br><u><a href="http://www.betpharm.com">www.betpharm.com</a></u><br><br><b>NOTE: RX'S MAY TAKE 3 OR MORE DAYS TO FILL</b> |
| Prescriber: <i>Please Print</i>  | FAX:   |  |
| Veterinary License # ( <b>Required</b> ):  | DATE:  |  |
| License Expiration Date ( <b>Required</b> ):   | Email ( <i>Please include for Pkg tracking info</i> ):   |  |
| Practice Name and Address:   | Horse Owner/Manager Name, Address, & Phone number ( <b>Required</b> ):   |  |
| <i>Check here if you are a new account:</i>  | Ship to: ( ) Practice ( ) Owner<br>_____ ( <b>Initials Required</b> ) Able to store @ refrigerated temperature once received.  |  |
| <b>Required:</b> Patient:  | Shipping Information: <b>In Town:</b> Hold for Pickup ( )<br><b>Out of Town:</b> Ground \$12 & up ( ) Second Day Air \$20 ( )<br>Overnight \$35 & up ( ) Saturday Overnight \$45 & up ( )<br>Delivery Signature Requested/added fees may apply ( )<br><i>*Rx's requiring Air shipping placed Friday will be held until Monday unless Saturday overnight box is checked</i> |  |
| List known Allergies:  |  |  |
| Owner or Manager:  |  |  |
| <b>REQUIRED FOR ORDER PROCESSING</b> <b>Credit Card Payment Information</b> <b>We accept VISA, Master Card, Discover &amp; Am Ex</b> |  |  |
| Cardholder:  | Card #   | Exp. Date:                      Sec Code:  |

**FEDERAL PHARMACY LAW PROHIBITS THE RETURN OF COMPOUNDED RX'S**

| Quantity | Refills | Injectable Formulations  | Price |
|----------|---------|--|-------|
|          |         | **Histrelin BioRelease LA Injection 0.5 mg/mL 10mL ( <b>Requires Refrigeration</b> )   |       |
|          |         | **Histrelin BioRelease LA + P4 LA Injection (Histrelin 136 µg/mL + P4 218 mg/mL) 11mL ( <b>Requires Refrigeration</b> )  |       |
|          |         | **Histrelin BioRelease LA Injection (LD) 50 µg/mL 10mL ( <b>Requires Refrigeration</b> )   |       |
|          |         | **GnRH Injection 250 µg/mL 30mL ( <b>Requires Overnight Air shipping* &amp; Refrigeration</b> )  |       |
|          |         | P4 LA 150 (BioRelease Progesterone (P4) 150 mg/mL) 100mL   |       |
|          |         | P4 LA 300 (BioRelease Progesterone (P4) 300 mg/mL) 10mL  |       |
|          |         | P4 LA 300 (BioRelease Progesterone (P4) 300 mg/mL) 30mL  |       |
|          |         | P4 LA 300 (BioRelease Progesterone (P4) 300 mg/mL) 100mL   |       |
|          |         | P+ LA (P4 BioRelease 150mg/mL + Estradiol 17β 5mg/mL) 30mL   |       |
|          |         | P+ LA (P4 BioRelease 150mg/mL + Estradiol 17β 5mg/mL) 100mL  |       |
|          |         | Estradiol BioRelease 17 β 3.3 mg/mL 100mL  |       |
|          |         | Estradiol BioRelease 17 β 10 mg/mL 30mL  |       |
|          |         | Estradiol BioRelease 17 β 50 mg/mL 10mL  |       |
|          |         | Estradiol BioRelease 17 β 50 mg/mL 30mL  |       |
|          |         | Estradiol Cypionate BioRelease LA 10 mg/ mL 30mL   |       |
|          |         | Estradiol Cypionate BioRelease LA 50 mg/ mL 10mL   |       |
|          |         | Estradiol Cypionate BioRelease LA 50 mg/ mL 30mL   |       |
|          |         | Altrenogest BioRelease LA 150 mg/mL, 1.5 mL/IM dose, 11 mL (7 dose vial) 12 day treatment  |       |
|          |         | **Altrenogest BioRelease Microparticles LA 500mg (single dose vial + 7 mL suspending vehicle) 30 day treatment ( <b>Requires Overnight Air shipping* &amp; Refrigeration</b> ) |       |
|          |         | Meloxicam BioRelease LA 750 mg/mL + 3mL diluent, Total Volume = 4mL (2 - 4 dose vial)  |       |
|          |         | **Oxytocin BioRelease LA 25 I.U./mL 20 mL ( <b>Requires Overnight Air shipping* &amp; Refrigeration</b> )  |       |
|          |         | Cabergoline BioRelease LA 5mg/mL 10mL (10 dose vial)   |       |

**BY FAXING IN THIS FORM YOU ARE AUTHORIZING BET PHARM TO FILL RX AS WRITTEN WITH CREDIT CARD ON FILE, UNLESS UPDATED INFO IS INCLUDED HERE**