Prescriber Signature:	TEL:	**be✚PHARM**
Prescriber: *Please Print*	FAX:	**Equine Rx Order Form**
Veterinary License # (*Required):*	DATE:	*Fax To: 859/ 273-2860*
License Expiration Date *(Required):*	Email (*Please include for Pkg tracking info*): ( ) **Check here if you would like to receive email updates on product info & specials**	**Toll Free: 866/707-0998** **Local: 859/273-2930** ***www.betpharm.com*** *NOTE: RX'S MAY TAKE* 3 *OR MORE DAYS TO FILL*
Practice Name and Address: _____ _____ _____ *Check here if you are a new account:*	Horse Owner/Manager Name, Address, & Phone number (*Required*): _____ _____ _____ Ship to: ( ) Practice ( ) Owner	
Required: Patient: List known Allergies: Owner or Manager:	_____ (*Initials Required*) Able to store @ refrigerated temperature once received. Shipping Information: **In Town:** Hold for Pickup ( ) **Out of Town:** Ground $12 & up ( ) Second Day Air $20 ( ) Overnight $35 & up ( ) Saturday Overnight $45 & up ( ) *Delivery Signature Requested/added fees may apply ( )*	

REQUIRED FOR ORDER PROCESSING	**Credit Card Payment Information**	**We accept VISA, Master Card, Discover & Am Ex**		
Cardholder:	Card #		Exp. Date:	Sec Code:

FEDERAL PHARMACY LAW PROHIBITS THE RETURN OF COMPOUNDED RX'S

Quantity **FLAVOR** **PEPPERMINT (P)** **APPLE (A)** **P** **A**		# **REFILLS**	**CODE**	**CUSHINGS PRESCRIPTIONS**	**Price/31 DOSES**
				Pergolide mesylate (1.0 mg/dose) + Cyproheptadine (100mg/dose) 30mL	
			O	Cyproheptadine 100 mg/mL Suspension	
			P	Cyproheptadine 150 mg/mL Suspension	
			Q	Cyproheptadine 200 mg/mL Suspension	
			R	Chromium 5 mg/mL Suspension	
			S	Chromium 10 mg/mL Suspension	
			T	Chromium 15 mg/mL Suspension	
			+	**COMBINED FORMULATIONS (Enter Product Codes): +**	
Quantity		**# Refills**		**Antibiotics**	
				Ciprofloxacin (500mg /Tab) + Probenecid (500mg /Tab) 70 count/Medication; Dose = 5 Tabs Ciprofloxacin + 5 Tabs Probenecid	
				Probenecid (500mg /Tab) 70 count/Medication; Dose = 5 Tabs Probenecid	
Quantity		**# Refills**		**Granular Top Dress Formulations**	
				Flavored Fenbendazole (2.5 g/dose) + Ivermectin Granules (100mg/dose) 500g Tub 50 doses	
				Flavored Equithrox (12 mg Levothyroxine Sodium/scoop) 1 lb Tub	
				Flavored Equithrox (12 mg Levothyroxine Sodium/scoop) 10 lb Tub	

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