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| Prescriber Signature: | TEL: |  Equine Rx Order Form <i>Fax To: 859/ 273-2860</i> Toll Free: 866/707-0998 Local: 859/273-2930 <u>www.betpharm.com</u> NOTE: RX'S MAY TAKE 3 OR MORE DAYS TO FILL March 2016 |
| Prescriber: <i>Please Print</i> | FAX: | |
| Veterinary License # (<i>Required</i>): | DATE: | |
| License Expiration Date (<i>Required</i>): | Email (<i>Please include for Pkg tracking info</i>): | |
| Practice Name and Address: <hr/> <hr/> <hr/> <i>Check here if you are a new account:</i> | | Horse Owner/Manager Name, Address, & Phone number (<i>Required</i>): <hr/> <hr/> <hr/> Ship to: () Practice () Owner _____ (<i>Initials Required</i>) 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 () <i>*Rx's requiring Air shipping placed Friday will be held until Monday unless Saturday overnight box is checked</i> |
| <i>Required:</i> Patient: List known Allergies: Owner or Manager: | | |
| 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 | Refills | Injectable Formulations | Price |
|----------|---------|--|-------|
| | | **Histrelin BioRelease LA Injection 0.5 mg/mL 10mL (<i>Requires Refrigeration</i>) | |
| | | **Histrelin BioRelease LA + P4 LA Injection (Histrelin 136 µg/mL + P4 218 mg/mL) 11mL (<i>Requires Refrigeration</i>) | |
| | | **Histrelin BioRelease LA Injection (LD) 50 µg/mL 30mL (<i>Requires Refrigeration</i>) | |
| | | **GnRH Injection 250 µg/mL 30mL (<i>Requires Overnight Air shipping* & Refrigeration</i>) | |
| | | 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 (<i>Requires Overnight Air shipping* & Refrigeration</i>) | |
| | | Meloxicam BioRelease LA 750 mg/mL + 3mL diluent, Total Volume = 4mL (2 - 4 dose vial) | |
| | | **Oxytocin BioRelease LA 25 I.U./mL 20 mL (<i>Requires Overnight Air shipping* & Refrigeration</i>) | |
| | | 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