

Prescriber Signature:	TEL:	 <b>Equine Rx Order Form</b>  <b>Fax To:</b> 859/ 273-2860 <b>Toll Free: 866/707-0998</b> <b>Local: 859/273-2930</b> <a href="http://www.betpharm.com">www.betpharm.com</a>  NOTE: RX'S MAY TAKE 3 OR MORE DAYS TO FILL
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:	Horse Owner/Manager Name, Address, & Phone number ( <i>Required</i> ):	
<i>Check here if you are a new account:</i>	Ship to: ( ) Practice ( ) Owner	
<i>Required:</i> Patient:	_____ ( <i>Initials Required</i> ) Able to store @ refrigerated temperature once received.	
List known Allergies:	Shipping Information: <b>In Town:</b> Hold for Pickup ( )	
Owner or Manager:	<b>Out of Town:</b> Ground \$12 & up ( ) Second Day Air \$20 ( )	
	Overnight \$35 & up ( ) Saturday Overnight \$45 & up ( )	
	<i>Delivery Signature Requested/added fees may apply ( )</i>	
<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 FLAVOR PEPPERMINT (P) APPLE (A) P      A	# REFILLS	CODE	CUSHINGS PRESCRIPTIONS	Price/31 DOSES
			Pergolide mesylate (1.0 mg/dose) + Cyproheptadine (100mg/dose) 30mL	
		<b>O</b>	Cyproheptadine 100 mg/mL Suspension	
		<b>P</b>	Cyproheptadine 150 mg/mL Suspension	
		<b>Q</b>	Cyproheptadine 200 mg/mL Suspension	
		<b>R</b>	Chromium 5 mg/mL Suspension	
		<b>S</b>	Chromium 10 mg/mL Suspension	
		<b>T</b>	Chromium 15 mg/mL Suspension	
		<b>+</b>	<b>COMBINED FORMULATIONS (Enter Product Codes):</b> <b>+</b>	
<b>Quantity</b>	<b># Refills</b>		<b>Antibiotics</b>	
			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	
<b>Quantity</b>	<b># Refills</b>		<b>Granular Top Dress Formulations</b>	
			Flavored Fenbendazole (2.5 g/dose) + Ivermectin Granules (100mg/dose) 500g Tub 50 doses	
			<b>NEW COMPOUND!!!</b> Flavored Equithrox (12 mg Levothyroxine Sodium/scoop) 1 lb Tub	
			Flavored Equithrox (12 mg Levothyroxine Sodium/scoop) 10 lb Tub	
			<b>NEW COMPOUND!!!</b> Flavored Meloxicam (300 mg/scoop) 1 lb Tub	
			<b>NEW COMPOUND!!!</b> Flavored Omeprazole (2.2 g/scoop) 1 lb Tub	
			<b>NEW COMPOUND!!!</b> Pergolide mesylate + Cyproheptadine (1mg +100mg/scoop) 500 g Tub ( <b>3 month supply</b> )	

**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**