Prescriber Signature:		TEL:		
rescriber Signature.		Contact Name: Owner ( ) Clinic ( )	<b>CEPHARM</b>	
		Contact (value) ( ) Chine ( )	Equine Rx Order Form	
		7.47		
Prescriber: <i>Please Print</i>		FAX:	Fax To: 859/273-2860	
			Toll Free: 866/707-0998 Local: 859/273-2930	
Veterinary License # ( <i>Required</i> ):		DATE:	www.betpharm.com	
		F 11/-	NOTE DATEMANTARE 2 OD	
License Expiration Date ( <i>Required</i> ):		Email (Please include for Pkg tracking info):	NOTE: RX'S MAY TAKE 3 OR MORE DAYS TO FILL	
		( ) Check here if you would like to receive		
D M		email updates on product info & specials		
Practice Name and Address:		Horse Owner/Manager Name, Address, &	Phone number ( <i>Required</i> ):	
Check here if you are a new account:		Ship to: ( ) Practice ( ) Owner		
Required: Patient:		( <i>Initials Required</i> ) Able to store @ refrigerated temperature		
1		once received.		
		Shipping Information: In Town: Hold for Pickup ( )		
List known Allergies:		Out of Town: Ground \$12 & up ( ) Second Day Air \$20 ( )		
Owner or Manager:		Overnight \$35 & up ( ) Saturday Overnight \$45 & up ( )		
Owner of Manager.		Delivery Signature Requested/added fees may apply ( )		
		*Rx's requiring Air shipping placed Friday will be held until Monday unless Saturday overnight box is checked		
REQUIRED FOR ORDER PROCESSING Cr	edit Card Pay	yment Information We accept VISA, Master C	ard, Discover & Am Ex	
Cardholder:	Card #	Exp. Da	ate: Sec Code:	
Curdinorder.	Cui u II	Exp. De	are. See 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 (Requires Refrigeration)	\$180
		**Histrelin BioRelease LA + P4 LA Injection (Histrelin 136 µg/mL + P4 218 mg/mL) 11mL (Requires Refrigeration)	\$50
		**Histrelin BioRelease LA Injection (LD) 50 µg/mL 30mL (Requires Refrigeration)	\$80
		**GnRH Injection 250 µg/mL 30mL (Requires Overnight Air shipping * & Refrigeration)	\$120
		P4 LA 150 (BioRelease Progesterone (P4) 150 mg/mL) 100mL	\$215
		P4 LA 300 (BioRelease Progesterone (P4) 300 mg/mL) 10mL	\$60
		P4 LA 300 (BioRelease Progesterone (P4) 300 mg/mL) 30mL	\$125
		P4 LA 300 (BioRelease Progesterone (P4) 300 mg/mL) 100mL	\$325
		P+ LA (P4 BioRelease 150mg/mL + Estradiol 17β 5mg/mL) 30mL	\$80
		P+ LA (P4 BioRelease 150mg/mL + Estradiol 17β 5mg/mL) 100mL	\$200
		Estradiol BioRelease 17 β 3.3 mg/mL 100mL	\$60
		Estradiol BioRelease 17 β 10 mg/mL 30mL	\$75
		Estradiol BioRelease 17 β 50 mg/mL 10mL	\$100
		Estradiol BioRelease 17 β 50 mg/mL 30mL	\$200
		Estradiol Cypionate BioRelease LA 10 mg/ mL 30mL	\$75
		Estradiol Cypionate BioRelease LA 50 mg/ mL 10mL	\$150
		Estradiol Cypionate BioRelease LA 50 mg/ mL 30mL	\$300
		Altrenogest BioRelease LA 150 mg/mL, 1.5 mL/IM dose, 11 mL (7 dose vial) 12 day treatment	\$200
		**Altrenogest BioRelease Microparticles LA 500mg (single dose vial + 7 mL suspending vehicle) 30 day treatment (Requires Overnight Air shipping * & Refrigeration)	\$100
		**Thyroxine BioRelease Microparticles LA 50mg (single dose vial + 3 mL suspending vehicle) 30 day treatment (Requires Overnight Air shipping * & Refrigeration)	\$40
		**Oxytocin BioRelease LA 25 I.U./mL 20 mL (Requires Overnight Air shipping * & Refrigeration)	\$75
		Cabergoline BioRelease LA 5mg/mL 10mL (10 dose vial)	\$400

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