TWO RIVERS PHARMACY

101 Broadfoot Ave, Fayetteville, NC 28305
Phone 910-748-0243 Fax 910-748-0245
TwoRiversRx@gmail.com
Mon to Fri, 9:00am to 5:30pm

Veterinary Compounding Order Form

Fax completed form to 910-748-0245 Most compounds ready same day or next | 503A | USP 797 and USP 800

ANIMAL AND OWNER

ANIMAL NAME | SPECIES AND BREED | WEIGHT | OWNER PHONE

OWNER NAME AND ADDRESS | ALLERGIES AND SENSITIVITIES

VETERINARIAN

VETERINARIAN NAME | LICENSE NUMBER | DEA (IF SCHEDULED) | CLINIC PHONE

CLINIC NAME AND ADDRESS | CLINIC FAX

COMMON REQUESTS (TICK ANY THAT APPLY, OR WRITE THE FORMULA BELOW)

- ☐ Buprenorphine
- ☐ Diethylstilbestrol (DES)
- ☐ Methimazole
- ☐ Potassium citrate
- ☐ Tylosin
- ☐ Transdermal gel for ear application
- ☐ Cisapride
- ☐ Gabapentin
- ☐ Metronidazole
- ☐ Prednisolone
- ☐ Ursodiol
- ☐ Flavored oral suspension

FORMULA

ACTIVE INGREDIENT	STRENGTH OR %	NOTES

DOSAGE FORM | BASE OR VEHICLE | QUANTITY | REFILLS

SIG (STATE THE AMOUNT PER DOSE, FOR EXAMPLE 0.5 ML TWICE DAILY)

LEAVE OUT (DYE, PRESERVATIVE, GLUTEN, LACTOSE, SUGAR, ALCOHOL, OTHER)

SIGNATURE

- ☐ Dispense as written
- ☐ Substitution permitted
- ☐ Call me before compounding

VETERINARIAN SIGNATURE _____ DATE _____

This form is a prescription when signed by a licensed prescriber. A pharmacist will verify the formula and contact you with any question before compounding.