



Fax prescriptions to (480) 664-2289

# VETERINARY PRESCRIPTION ORDER FORM

## PATIENT INFO

Pet Name \_\_\_\_\_  Feline  Canine  Equine

Pet Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ D.O.B. \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Drug Allergies \_\_\_\_\_

## PATIENT PRESCRIPTION

Environmental Starter Kit (8-Vial Build-up to 1:500 Concentration) *As Directed*

Environmental Maintenance Bottle (3 Drops/Pumps Daily Unless Otherwise Specified)

Refills: \_\_\_\_\_ (3 Max)

Boosts (for Environmental Maintenance Vials Only)

Mountain Mix  Mold Mix  Pet Mix  Insect Mix  Spring Mix  Summer Mix  Fall Mix  Winter Mix

**ADDITIONAL INSTRUCTIONS** (Please contact pharmacist for specific antigen requests) :

Ordering Physician's Signature \_\_\_\_\_

Print Physician's Name \_\_\_\_\_

## PRESCRIBER INFO

License # (Required) \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ City, State, Zip \_\_\_\_\_

## SHIP TO Check One Box Only

Provider  Patient

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_