

# VETERINARY COMPOUND RX ORDER FORM



**S&J Argyle Pharmacy**  
101 Old Town Blvd. S. #102  
Argyle, TX 76226  
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## STEP 1

COMPLETE  
PET INFO

Pet's Name \_\_\_\_\_ DOB \_\_\_\_\_ Species \_\_\_\_\_ Weight \_\_\_\_\_  
Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## STEP 2

PICK ACTIVE  
INGREDIENT(S)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Acepromazine Maleate | <input type="checkbox"/> Chlorhexidine Gluconate | <input type="checkbox"/> Furosemide          | <input type="checkbox"/> Phytonadione      |
| <input type="checkbox"/> Acetylcysteine       | <input type="checkbox"/> Chlorpheniramine        | <input type="checkbox"/> Gentamicin          | <input type="checkbox"/> Pimobendan        |
| <input type="checkbox"/> Aluminum Hydroxide   | <input type="checkbox"/> Ciprofloxacin           | <input type="checkbox"/> Glipizide           | <input type="checkbox"/> Piroxicam         |
| <input type="checkbox"/> Amitriptyline        | <input type="checkbox"/> Cisapride               | <input type="checkbox"/> Hydrocortisone      | <input type="checkbox"/> Potassium Bromide |
| <input type="checkbox"/> Amlodipine           | <input type="checkbox"/> Clomipramine            | <input type="checkbox"/> Itraconazole        | <input type="checkbox"/> Pramoxine         |
| <input type="checkbox"/> Amoxicillin          | <input type="checkbox"/> Clotrimazole            | <input type="checkbox"/> Ivermectin          | <input type="checkbox"/> Prazosin          |
| <input type="checkbox"/> Amphotericin         | <input type="checkbox"/> Cyclosporine            | <input type="checkbox"/> Ketoconazole        | <input type="checkbox"/> Prednisolone      |
| <input type="checkbox"/> Apomorphine          | <input type="checkbox"/> Cyproheptadine          | <input type="checkbox"/> Levetiracetam       | <input type="checkbox"/> Prednisone        |
| <input type="checkbox"/> Atenolol             | <input type="checkbox"/> Diazepam                | <input type="checkbox"/> Loperamide          | <input type="checkbox"/> Tacrolimus        |
| <input type="checkbox"/> Azithromycin         | <input type="checkbox"/> Diltiazem               | <input type="checkbox"/> Methimazole         | <input type="checkbox"/> Terbutaline       |
| <input type="checkbox"/> Benazepril           | <input type="checkbox"/> Diphenhydramine         | <input type="checkbox"/> Metoclopramide      | <input type="checkbox"/> Tetracycline      |
| <input type="checkbox"/> Betamethasone        | <input type="checkbox"/> Doxycycline             | <input type="checkbox"/> Metronidazole       | <input type="checkbox"/> Theophylline      |
| <input type="checkbox"/> Bethanechol          | <input type="checkbox"/> Enalapril               | <input type="checkbox"/> Miconazole          | <input type="checkbox"/> Tramadol          |
| <input type="checkbox"/> Budesonide           | <input type="checkbox"/> Enrofloxacin            | <input type="checkbox"/> Naltrexone          | <input type="checkbox"/> Trazodone         |
| <input type="checkbox"/> Buprenorphine        | <input type="checkbox"/> Famotidine              | <input type="checkbox"/> Neomycin            | <input type="checkbox"/> Triamcinolone     |
| <input type="checkbox"/> Buspirone            | <input type="checkbox"/> Fluconazole             | <input type="checkbox"/> Phenobarbital       | <input type="checkbox"/> Ursodiol          |
| <input type="checkbox"/> Captopril            | <input type="checkbox"/> Fluoxetine              | <input type="checkbox"/> Phenylpropanolamine | <input type="checkbox"/> Zonisamide        |
| <input type="checkbox"/> Chloramphenicol      |  |  |  |

## STEP 3

PICK STRENGTH OR  
CONCENTRATION  
& QUANTITY

Strength: \_\_\_\_\_ mg per dose. or Concentration: \_\_\_\_\_%      Quantity: \_\_\_\_\_(ea, gm, ml)

## STEP 4

CHOOSE DOSAGE  
FORM

- |                                  |  |                                      |
|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Capsule | <input type="checkbox"/> Rectal Gel          | <input type="checkbox"/> Fixed Oil   |
| <input type="checkbox"/> PLOGel  | <input type="checkbox"/> Suspension/Solution | <input type="checkbox"/> Suppository |

## STEP 5

CHOOSE FLAVOR  
FOR SUSPENSIONS

Suspension/Solution Flavor:  Beef       Chicken       Tuna       Grape

## STEP 6

DIRECTIONS

- Give \_\_\_\_\_ mg, \_\_\_\_\_ times per day.
- Give \_\_\_\_\_ capsule \_\_\_\_\_ times per day.
- Apply \_\_\_\_\_ mg \_\_\_\_\_ times per day to inner ear or on belly. Wear gloves for safety.
- Unwrap and insert \_\_\_\_\_ suppository per rectum \_\_\_\_\_ times per day.
- Apply 1click to the inner ear every 12 hour. Alternate between left and right ear. Wear gloves when applying.
- Other: \_\_\_\_\_

## CUSTOM COMPOUND

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STEP 7

MEDICAL RATIONALE  
FOR COMPOUNDING

\_\_\_\_\_  
\_\_\_\_\_

## STEP 8

COMPLETE  
PROVIDER INFO

Prescriber Name \_\_\_\_\_ License# \_\_\_\_\_ DEA \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Oce Contact Name \_\_\_\_\_  
Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_ Refills \_\_\_\_\_