

Fax to Care4U Compounding Pharmacy at 650.634.8007



Care4U Compounding Pharmacy
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Ph: 650.226.8002 (pharmacy), 650.302.0345 (Cells) | Fax: 650.634.8007
Care4upharm@gmail.com | www.care4upharmacyhealth.com

Patient: _____ DOB: _____ Date: _____
Address: _____ City/St/Zip: _____
Home Phone: _____ Work Phone: _____
Allergies: _____

All compounds for office use require a prescription written for each individual patient. Medication will be dispensed with patient specific label and in patient specific package.

Compounded Prescriptions for Veterinary Use

Aluminum hydroxide:

Oral Suspension _____mg/mL

Amitriptyline:

Oral Suspension _____mg/mL

Transdermal _____mg/0.1mL

Doxycycline:

Oral Suspension _____mg/mL

Enrofloxacin:

Chewable Treat

Oral Suspension _____mg/mL

Phenylpropanolamine:

Capsule _____mg

Potassium Bromide:

Oral Solution _____mg/mL

Calcitriol:

Oral suspension _____mg/mL

Fluoxetine:

Transdermal _____mg/0.1mL

Cisapride:

Transdermal _____mg/0.1mL

Capsule _____mg

Prednisone

Oral Suspension _____mg/mL

Prednisolone

Oral Suspension _____mg/mL

Transdermal _____mg/0.1 mL

Itraconazole:

Oral Suspension _____mg/mL

Methimazole:

Chewable Treat

Transdermal _____mg/0.1mL

Oil Suspension _____mg/mL

Metronidazole:

Capsule

Oral Suspension _____mg/mL

Other: _____

Flavors: Beef Chicken Fish Liver Peanut Butter

Amount to dispense: _____

SIG: _____

of Refills: _____

Prescriber Signature: _____ Prescriber Name (Print): _____

Address: _____ City/St/Zip: _____

Phone: _____ Email: _____

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This form can also be downloaded from www.care4upharmacyhealth.com

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