

ROOD RIDDLE

VETERINARY PHARMACY
PRESCRIPTION ORDER FORM

CLIENT INFORMATION

Name:

Date:

Mailing Address:

Phone Number:

Email:

PRESCRIPTION INFORMATION

<u>Medication</u>	<u>Strength</u>	<u>Size</u>	<u>Quantity</u>
<u>Patient Name</u>		<u>Species</u>	<u>Weight</u>
<u>Directions</u>			<u>Refills</u>
<p>GFI #256 COMPLIANCE: When prescribing a patient-specific compounded medication, if an FDA-approved product is available with the same active ingredient and route of administration, the FDA expects documentation of a medical rationale explaining why the compounded preparation will provide a clinical difference or medical benefit for the patient.</p> <p> <input type="checkbox"/> <i>Medical rationale is NOT required for this formulation.</i> <input type="checkbox"/> <i>Medical rationale is required for this formulation.</i> Please select one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Commercial product would reduce compliance and/or is not effective for achieving medical outcome. <input type="checkbox"/> Commercial Product is not available and/or unable to source. <input type="checkbox"/> Utilization of commercially available dosage form is unachievable or unsafe for patient. <input type="checkbox"/> Patient and/or population has an intolerance, sensitivity, toxicity, or aversion to commercial product. <input type="checkbox"/> Other (please specify): </p>			

VETERINARIAN INFORMATION

Name:

License Number:

State:

Expiration Date:

Address:

Email:

Phone Number:

Veterinarian Signature:

Please return this form to:
Rood & Riddle Veterinary Pharmacy
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 info@rrvp.com | rrvp.com