



**RX PHARMACY & COMPOUNDED  
PRODUCTS INC.**

1-B 2665 HENDERSON HWY. EAST ST. PAUL, MB, R2E 0K7  
PHONE: 204-306-4445  
FAX: 833-536-1732

**ORDER FORM (LEVEL A&B)**

VETERINARY CLINIC,  
HOSPITAL, OR  
PHARMACY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

ITEM: \_\_\_\_\_

DOSAGE FORM: \_\_\_\_\_

QUANTITY: \_\_\_\_\_

**\*THIS ORDER IS BEING PLACE BY THE PATIENT CONTACT PHARMACY PURSUANT TO  
A PRESCRIPTION OR IN ANTICIPATION OF RECEIVING A PRESCRIPTION FOR THE  
COMPOUNDS(S) LISTED ABOVE\***

**\*COMPOUNDS WILL ONLY BE DISPENSED BY THE PATIENT CONTACT PHARMACY  
PURSUANT TO A PRESCRIPTION\***

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**\*\*CHANGES/ CANCELLATIONS CANNOT BE MADE TO AN ORDER ONCE  
SUBMITTED\*\***

THIS TELECOPY IS **CONFIDENTIAL** AND IS INTENDED TO BE REVIVED BY THE  
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YOU ARE ADVISED THAT ANY DISSEMINATION OR DISTRIBUTION OR COPYING OF  
THIS FACSIMILE IS **STRICTLY PROHIBITED**.



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**INGREDIENT LIST REQUEST:**

VETERINARY CLINIC OR  
PHARMACY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

**SECTION A: PLEASE COMPLETE THIS SECTION AND FAX TO 833-536-1732.**

**COMPOUND REQUESTED: PLEASE INCLUDE A LIST OF ALL INGREDIENTS.**

*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*

NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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