



**RX PHARMACY & COMPOUNDED
PRODUCTS INC.**

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

CUSTOM COMPOUND ORDER FORM

Veterinary clinic, Hospital, or Pharmacy Name: _____

Address: _____

Telephone #: _____ Fax#: _____

PLEASE COMPLETE THIS SECTION AND FAX TO **1-833-536-1732**

COMPOUND REQUESTED: PLEASE INCLUDE A LIST OF ALL INGREDIENTS

Ingredient	Qty

Total Quantity: _____

Dosage Form: _____

Route Of Administration: _____

NAME (PLEASE PRINT): _____

SIGNATURE: _____

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

**FREE CITY WIDE DELIVERY
MINIMUM 5 DICLOFENAC ORDERS FOR FREE SHIPPING**

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