



**RX PHARMACY & COMPOUNDED
PRODUCTS INC.**

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

PRICE QUOTE REQUEST FORM

Veterinary clinic, Hospital, or Pharmacy Name: _____

Address: _____

Telephone #: _____ Fax#: _____

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

ITEM / DESCRIPTION	Qty

Dosage Form: _____ Route Of Administration: _____

THIS SECTION IS TO BE FILLED BY RX PHARMACY & COMPOUNDED PRODUCTS

PRICE:	BUD:
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Only sign this section if you have decided to order the quoted item and fax back to 1-833-536-1732

I WANT TO ORDER THE QUOTED PRODUCT

Name: _____ Signature: _____

The patient's representative is placing this order at the pharmacy either with a prescription or in expectation of receiving a prescription for the mentioned compounds.
The patient contact pharmacy will only provide compounds with a valid prescription.

****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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