

Platinum Compound Rx Pharmacy

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PRICE QUOTE REQUEST FORM

Veterinary clinic, Hospital, or Pharmacy Name:

Address: _____

Phone: _____ Fax: _____

PLEASE COMPLETE THIS SECTION AND INCLUDE A LIST OF ALL INGREDIENTS

FAX TO 1-833-536-1732

<u>Compound</u>	Qty
*** FREE REVIEW: Attach original rx with patient info removed***	

PRICE:	BUD:
*THIS SECTION IS TO BE FILLED BY PLATINUM COMPOUND RX PHARMACY	

I WANT TO ORDER THE QUOTED PRODUCT (*Sign if price quote accepted*)

NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____

Once an order is placed it cannot be cancelled, and a charge will be processed.

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