

Prescription Order Form for Animals

Owner Name: _____ Date: _____

Address: _____ Pet's Name _____

City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Diethylstilbestrol Capsules for Animals

- DES 1mg Qty _____
- DES 2mg Qty _____
- DES 3mg Qty _____
- DES 5mg Qty _____

Directions: _____

Refill _____

Veterinarian Signature: _____

Veterinarian Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

State License: _____ **DEA:** _____

Phone: (_____) _____ **Fax:** (_____) _____

Instructions:

- Complete all sections.
- We must verify the legitimacy of all prescriptions as required by law.
- We will contact the patient by phone to arrange for payment and shipping.
- Fax or mail the completed prescription to: