Carepoint™
A Pharmacy That Truly Cares

# Veterinary Compound Fax Form

www.carepointrx.com
Fax: 855-237-9113 | Toll Free: 855-237-9112
E-Prescribe: NCPDP 1487330 | NPI 1598013864

## PATIENT

☐ ***FOR OFFICE USE ONLY***

***DATE:*** _____

Pet Name _____ Owner Name _____ Species _____ Phone _____

Address _____ City, State _____ Zip _____

## PRESCRIPTION

***^Formula Limitations Apply***

| Pain | | | Neurology | | | Behavior & Mood | | |
|---|---|---|---|---|---|---|---|---|
| ☐ Gabapentin | _____mg | ☐ per mL | ☐ Diazepam* | _____mg | ☐ per mL | ☐ Amitriptyline | _____mg | ☐ per mL |
| ☐ Meloxicam | _____mg | ☐ per mL | ☐ Levetiracetam^ | _____mg | ☐ per mL | ☐ Clomipramine | _____mg | ☐ per mL |
| ☐ Tramadol* | _____mg | ☐ per mL | ☐ Potassium Bromide | _____mg | ☐ per mL | ☐ Doxepin | _____mg | ☐ per mL |
| ☐ | _____mg | ☐ per mL | ☐ Zonisamide^ | _____mg | ☐ per mL | ☐ Fluoxetine | _____mg | ☐ per mL |
| ☐ | _____mg | ☐ per mL | ☐ | _____mg | ☐ per mL | ☐ Haloperidol | _____mg | ☐ per mL |

*Refills* _____ *Qty*_____*Sig* _____ ☐ *Capsule* ☐ *Transdermal* ☐ *Liquid* ☐ *Chew Treat*

| Cardiology | | | Kidney, Urinary & Adrenals | | | Infection | | |
|---|---|---|---|---|---|---|---|---|
| ☐ Amlodipine | _____mg | ☐ per mL | ☐ Aluminum OH | _____mg | ☐ per mL | ☐ Azithromycin | _____mg | ☐ per mL |
| ☐ Aspirin | _____mg | ☐ per mL | ☐ Calcitriol liquid | _____ng | ☐ per mL | ☐ Chloramphenicol | _____mg | ☐ per mL |
| ☐ Atenolol | _____mg | ☐ per mL | ☐ Diethylstilbestrol | _____mg | ☐ per mL | ☐ Clindamycin | _____mg | ☐ per mL |
| ☐ Benazepril^ | _____mg | ☐ per mL | ☐ Mitotane | _____mg | ☐ per mL | ☐ Doxycycline hyc. | _____mg | ☐ per mL |
| ☐ Enalapril | _____mg | ☐ per mL | ☐ Methimazole | _____mg | ☐ per mL | ☐ Enrofloxacin | _____mg | ☐ per mL |
| ☐ Ferrous Gluconate | _____mg | ☐ per mL | ☐ Phenoxybenzamine | _____mg | ☐ per mL | ☐ Fluconazole | _____mg | ☐ per mL |
| ☐ Ferrous Sulfate^ | _____mg | ☐ per mL | ☐ Prazosin^ | _____mg | ☐ per mL | ☐ Itraconazole | _____mg | ☐ per mL |
| ☐ Pimobendan | _____mg | ☐ per mL | ☐ Trilostane | _____mg | ☐ per mL | ☐ Mebendazole | _____mg | ☐ per mL |
| ☐ Spironolactone | _____mg | ☐ per mL | ☐ | _____mg | ☐ per mL | ☐ Metronidazole | _____mg | ☐ per mL |
| ☐ | _____mg | ☐ per mL | ☐ | _____mg | ☐ per mL | ☐ Tylosin | _____mg | ☐ per mL |

*Refills* _____ *Qty*_____*Sig* _____ ☐ *Capsule* ☐ *Transdermal* ☐ *Liquid* ☐ *Chew Treat*

| Gastrointestinal & Appetite | | | Autoimmune & Chemotherapy | | | Miscellaneous | | |
|---|---|---|---|---|---|---|---|---|
| ☐ Budesonide | _____mg | ☐ per mL | ☐ Azathioprine | _____mg | ☐ per mL | ☐ Cyclosporine | _____mg | ☐ per mL |
| ☐ Cyproheptadine | _____mg | ☐ per mL | ☐ Cyclophosphamide | _____mg | ☐ per mL | ☐ Diphenhydramine | _____mg | ☐ per mL |
| ☐ Famotidine | _____mg | ☐ per mL | ☐ Piroxicam | _____mg | ☐ per mL | ☐ Prednisolone | _____mg | ☐ per mL |
| ☐ Lactulose | _____mg | ☐ per mL | ☐ | _____mg | ☐ per mL | ☐ Sildenafil^ | _____mg | ☐ per mL |
| ☐ Mirtazapine^ | _____mg | ☐ per mL | ☐ | _____mg | ☐ per mL | ☐ Ursodiol | _____mg | ☐ per mL |
| ☐ Omeprazole | _____mg | ☐ per mL | ☐ | _____mg | ☐ per mL | ☐ | _____mg | ☐ per mL |

*Refills* _____ *Qty*_____*Sig* _____ ☐ *Capsule* ☐ *Transdermal* ☐ *Liquid* ☐ *Chew Treat*

***Custom Formula:*** _____

*Refills* _____ *Qty*_____*Sig* _____ ☐ *Capsule* ☐ *Transdermal* ☐ *Liquid* ☐ *Chew Treat*

## PROVIDER

Prescriber Name _____ Phone _____ Fax _____

_____ ( _____ ) _____

***Prescriber Signature*** ****DEA Req'd for Controlled Substances*** ***Office Address***

*By signing this form, you authorize Carepoint and its employees to serve as your designated agent for handling prior authorizations and other medical and prescription insurance forms and communications*