

PRESCRIPTION

MILLERS VETERINARY FORMULAS FOR DOGS

PATIENT INFORMATION			
PET NAME:		DATE OF BIRTH (PET) ____/____/____	
OWNER NAME		DATE OF BIRTH (OWNER) ____/____/____	
PRIMARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK		SECONDARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK	
ADDRESS:		CITY, STATE, ZIP:	ALLERGIES:

ORAL LIQUIDS AND CAPSULES	OTHER COMMONLY REQUESTED FORMULAS
FOR BEHAVIORAL ISSUES <input type="checkbox"/> Fluoxetine 10mg/ml <input type="checkbox"/> Clomipramine 5mg/ml <input type="checkbox"/> Acepromazine 25mg/ml <input type="checkbox"/> Alprazolam 0.5mg/ml FOR SEIZURES <input type="checkbox"/> Potassium Bromide 50mg to 500mg/ml <input type="checkbox"/> Phenobarbital 5mg to 50mg/ml <input type="checkbox"/> Levetiracetam 100mg/ml <input type="checkbox"/> Zonisamide 100mg/ml <input type="checkbox"/> Diazepam Rectal Gel 10mg/gm FOR CARDIOVASCULAR ISSUES <input type="checkbox"/> Enalapril 1mg to 10mg/ml <input type="checkbox"/> Atenolol 2mg to 25mg/ml <input type="checkbox"/> Furosemide 10mg/ml <input type="checkbox"/> Pimobendan 1.25mg/ml - 5mg/ml	<input type="checkbox"/> Aluminium Hydroxide Gel 50mg to 500mg/ml <input type="checkbox"/> Piroxicam 1mg to 10mg/ml <input type="checkbox"/> Doxycycline 10mg to 100mg/ml <input type="checkbox"/> Enrofloxacin Suspension or Capsules <input type="checkbox"/> Tramadol 50mg/ml <input type="checkbox"/> Metronidazole 25mg/ml <input type="checkbox"/> Theophylline 50mg/ml <input type="checkbox"/> Theophylline Capsules <input type="checkbox"/> Metronidazole 50mg to 100mg/ml <input type="checkbox"/> Ursodiol 30mg to 100mg/ml <input type="checkbox"/> Cisapride 10mg/ml <input type="checkbox"/> Sildenafil 10mg/ml <input type="checkbox"/> Chloramphenicol 250mg/ml <input type="checkbox"/> Tetracycline 100mg/ml <input type="checkbox"/> Ciprofloxacin 50mg/ml <input type="checkbox"/> Famotidine 5mg/ml <input type="checkbox"/> Griseofulvin 25mg/ml <input type="checkbox"/> Potassium Citrate 500mg/gm

Note: All formulas are also available in chewable flavored dog treats.
Oral Liquids and Capsules (choice of flavors) Chicken, Beef, Liver.
Please inquire about any formulas and strengths not listed.

STERILE OPHTHALMIC PREPARATIONS
<input type="checkbox"/> Tacrolimus 0.02% and 0.03% Ointment and Drops <input type="checkbox"/> Cyclosporin 0.2% and 2% Ointment and Drops

Refills: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ PRN ☐ NR SIG: _____

WRITE PRESCRIPTION / ADDITIONAL COMMENTS			
DOCTOR	PHONE	NPI #	DEA #
OFFICE MANAGER	PHONE	OFFICE FAX	OFFICE Email
SIGNATURE			DATE (Month / Day / Year) ____/____/____