

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

FOR BEHAVIORAL ISSUES

- Fluoxetine 10mg/ml
- Clomipramine 5mg/ml
- Acepromazine 25mg/ml
- Alprazolam 0.5mg/ml

FOR SEIZURES

- Potassium Bromide 50mg to 500mg/ml
- Phenobarbital 5mg to 50mg/ml
- Levetiracetam 100mg/ml
- Zonisamide 100mg/ml
- Diazepam Rectal Gel 10mg/gm

FOR CARDIOVASCULAR ISSUES

- Enalapril 1mg to 10mg/ml
- Atenolol 2mg to 25mg/ml
- Furosemide 10mg/ml
- Pimobendan 1.25mg/ml - 5mg/ml

OTHER COMMONLY REQUESTED FORMULAS

- Aluminium Hydroxide Gel 50mg to 500mg/ml
- Piroxicam 1mg to 10mg/ml
- Doxycycline 10mg to 100mg/ml
- Enrofloxacin Suspension or Capsules
- Tramadol 50mg/ml
- Metronidazole 25mg/ml
- Theophylline 50mg/ml
- Theophylline Capsules
- Metronidazole 50mg to 100mg/ml
- Ursodiol 30mg to 100mg/ml
- Cisapride 10mg/ml
- Sildenafil 10mg/ml
- Chloramphenicol 250mg/ml
- Tetracycline 100mg/ml
- Ciprofloxacin 50mg/ml
- Famotidine 5mg/ml
- Griseofulvin 25mg/ml
- 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

- Tacrolimus 0.02% and 0.03% Ointment and Drops
- 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) ____ / ____ / ____		