

Owner's Information:		
FIRST NAME:	LAST NAME:	PET'S NAME: _____
PRIMARY PHONE #:		<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES: (If no allergies please check the NKDA box) <input type="checkbox"/> NKDA

Rx Medication Order:	Free Delivery Anywhere in Michigan!
<i>Pharmacist Please Compound:</i>	
Rx	
Refills: _____	

Prescriber Information:	PRESCRIBER NAME (PRINT):
PRESCRIBER'S SIGNATURE:	, DVM
NPI# or DEA# (CTP# for CNPs only):	DATE:

ADDRESS, CITY, STATE, ZIP:	
PHONE #:	FAX #:

This form is proprietary of BioMed Pharmacy and is only intended for use between provider and patient. Any unauthorized use could result in legal action. This facsimile transmission is intended to be delivered to the named addressee and may contain information that is confidential, privileged, and proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and/or telephone number set forth herein and obtains instructions as to the disposal of the transmitted material. In no event should such material be read or retained by anyone other than the addressee, except by express authority of the sender to the named addressee. **FDA does not review compounded medication for safety or efficacy.**

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Attention Ohio Prescribers: This order form cannot be used to issue a prescription order for any Ohio resident. In lieu, you may call in a prescription by phone or submit your own form via fax.