

Solutions Pharmacy

4632 Highway 58 North. Chattanooga, TN 37416

423-894-3223 Fax 423-499-8435

www.solutionspharmacy.com

Patient: _____ Date: _____

Address: _____ City/St./Zip: _____

Phone: (____) _____ Allergies: _____

Veterinary Compounds



<p>Amitriptyline: <input type="checkbox"/> Oral Suspension _____mg/mL <input type="checkbox"/> Transdermal _____mg/0.1 mL</p> <p>Cisapride: <input type="checkbox"/> Oral Suspension _____mg/mL</p> <p>Cyclosporine: <input type="checkbox"/> 2% Ophthalmic Drops 10mL</p> <p>Darbazine: <input type="checkbox"/> Injection(10mL) Qty: _____ <input type="checkbox"/> Capsules: <input type="checkbox"/>#1 <input type="checkbox"/>#3 Qty: _____</p> <p>DDAVP: <input type="checkbox"/> 0.01%Ophthalmic Drop (10mL)</p> <p>DES: <input type="checkbox"/> Capsule _____mg Qty: _____ <input type="checkbox"/> Oral Suspension _____mg/mL</p> <p>Doxycycline: <input type="checkbox"/> Oral Suspension _____mg/mL</p>	<p>Enrofloxacin: <input type="checkbox"/> Oral Suspension _____mg/mL <input type="checkbox"/> Transdermal _____mg/0.1mL</p> <p>Fluoxetine: <input type="checkbox"/> Transdermal _____mg/0.1mL <input type="checkbox"/> Oral Suspension _____mg/mL</p> <p>Itraconazole: <input type="checkbox"/> Oral Suspension _____mg/mL <input type="checkbox"/> Topical Ointment 1% _____Gm</p> <p>Methimazole: <input type="checkbox"/> Transdermal _____mg/mL <input type="checkbox"/> Oil Suspension _____mg/mL</p> <p>Metronidazole: <input type="checkbox"/> Capsule _____mg Qty: _____ <input type="checkbox"/> Oral Suspension _____mg/mL</p> <p>Phenobarbital: <input type="checkbox"/> Capsule _____mg Qty: _____</p>	<p>Phenylpropanolamine: <input type="checkbox"/> Capsule _____mg Qty: _____</p> <p>Potassium Bromide: <input type="checkbox"/> Oral Solution _____mg/mL <input type="checkbox"/> Capsule _____mg Qty: _____</p> <p>Prednisolone: <input type="checkbox"/> Transdermal _____mg/0.1mL <input type="checkbox"/> Oral Suspension _____mg/mL</p> <p>Prednisone: <input type="checkbox"/> Oral Suspension _____mg/mL</p> <p>Porcine Insulin Zinc Suspension (PZI): <input type="checkbox"/> 40units/mL insulin injection 10cc vial</p> <p>Other: _____ _____ _____</p> <p><i>Note: This is not an all-inclusive list of compounds. Feel free to request other compounds at any time!</i></p>
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Flavors: Beef Chicken Fish Liver

Amount to Dispense: _____ Refills: _____

Sig: _____

MD Signature: _____ MD Name: _____

Address: _____ City/St./Zip: _____

Phone: (____) _____ Email: _____

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