

Pet Supplies Delivered

Prescription Authorization Fax Form
Pharmacy Fax # 1-888-809-6040
(for veterinary use only)

11701 Centennial Road Suites 2+3 LaVista, NE 68128

Dear Pet Owner

Thank you for choosing Pet Supplies Delivered RX Pharmacy.

For your convenience, and the convenience of your veterinarian, please feel free to utilize the following form. Please print this document and fill out your contact information.

IMPORTANT:

Deliver the fax form to your veterinarian for further processing.

State & Federal pharmacy laws stipulate that pet prescriptions may only be faxed to a licensed pharmacy from a US-licensed veterinarian.

PET OWNER

- Step 1:** Place your order online or by phone with Pet Supplies Delivered. (1-800-367-4444)
Step 2: Print this form and fill in your contact information.
Step 3: Deliver to your veterinarian for authorization.
(Faxed prescriptions can only be accepted from a veterinarian.)

VETERINARIAN

- Step 4:** Complete form & attach client's prescription.
Step 5: Fax to Pet Supplies Delivered. 1-888-809-6049.

If you have any questions, or wish to place your order by phone, please call us at 1-800-367-4444

Thank You!

Pet Supplies Delivered Pharmacy Staff

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Attention Veterinarian: Thank you for partnering with Pet Supplies Delivered licensed pharmacy to fill a prescription for your client's medication. If you need to speak with one of our pharmacists, or prefer to phone in your prescription, please call 1-800-367-4444.

PET OWNER

Owner

First Name _____ Last Name _____

Customer # (optional) _____

Address

Street _____

Phone _____

City _____ State _____ Zip _____

Email _____

Patient's Name _____ **Species** _____

Breed _____

Weight _____ **Date of Birth** _____

Male/Female _____

VETERINARIAN - please print prescription info (or attach RX below) and FAX to 1-888-809-6040

Veterinarian

First Name _____ Last Name _____

State License # _____

Clinic

Clinic Name _____

Street Address _____

City _____ State _____ Zip _____

Phone

_____ **Fax** _____

Attention New York State Prescribers
Public Health Law requires that all prescriptions written be issued on an official New York State prescription form.

	Pet Name	Species	Medication	Strength	QTY EA	Add'l # of Refills
1						
	Directions for Use:					
2						
	Directions for Use:					

Please indicate any known significant allergies/medical conditions: _____

Veterinarian Signature (Please sign and date appropriate instruction)

Generic Equivalent Permissible **Date** **Dispense as Written/Brand Medically Necessary** **Date** **DEA# (if applicable)**

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