

*Date: _____
*Owner/Client Name: _____
Ranch Name (if applicable): _____
*Physical Address: _____

Shipping Address (if different): _____

Ship to Clinic?(Administered in Clinic) _____
Owner Telephone: _____

Rx

BAM KIT

*Total Kits: _____

Each BAM kit contains the following:

**#1, 11ml vial containing:
300mg Butorphanol Tartrate, 120mg Medetomidine HCl & 100mg Azaperone Tartrate**

#1, 5.5ml vial Naltrexone HCl 50mg/ml

#1, 30ml vial Atipamezole 25mg/ml

Sig: For veterinary sedation and reversal of sedation in _____ (Species+).
Use according to dosing directions.

REFILLS: _____
* up to 5 (five) refills valid for up to 6 (six) months

*Rationale for the need for a Compounded product: _____

*Prescribing Veterinarian: _____

*DEA License Number: _____

*Veterinarian Address: _____

*Veterinarian Telephone: _____

*Veterinarian Signature: _____

**Denotes required field to be a valid prescription per State/Federal law (failure to complete fully will result in delay)*

+DEA requires one species as a minimum to qualify as patient specific (some states require one specific animal & date of birth)

For ALL Controlled Substances: Fax a copy of the Veterinarian's current Federal "Practitioner" DEA certificate for pharmacy files

NY State law requires prescribers to use Official NY State Prescription Paper - Do Not Use This Form

With respect to compounded drugs ordered and shipped to Florida, by requesting any compounded drug for Office Use from this pharmacy, when Florida Rule 64B16-27.700 applies, the practitioner hereby agrees to the following;

- 1. That the Practitioner shall include on the patient's chart, medication order, or medication administration record the lot number and the beyond-use-date of any compounded drug administered to the patient that was provided by this pharmacy; and*
- 2. That the Practitioner will provide notification to the patient for the reporting of any adverse reaction or complaint in order to facilitate any recall of batches of compounded drugs.*