

*Date: _____

*Owner/Client Name: _____

Ranch Name (if applicable): _____

*Physical Address: _____

Shipping Address (if different): _____

Owner Telephone: _____

Rx

NalMed-A KIT

*Total Kits: _____ (*alpha-numerical value required by Law, i.e.#1 AND (one)*)

Each NalMed-A kit contains the following:

#1, 10ml vial containing:

400mg Nalbuphine HCl, 100mg Medetomidine HCl & 100mg Azaperone

#1, 20ml vial Atipamezole 25mg/ml

Sig: For veterinary sedation and reversal of sedation in _____ (*Species⁺*).

Use according to dosing directions.

REFILLS: _____

*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***