

PRESCRIPTION AUTHORIZATION FAX FORM
Pharmacy Fax # 1-800-000-0000
(for veterinary use only)

Dear Pet Owner,

Thank you for choosing our licensed XYZ pharmacy.

Before placing your pharmacy order, you need a prescription from a US-licensed veterinarian. For your convenience, and for the convenience of your veterinarian, feel free to use the following form. Simply print this document and fill out your contact information.

IMPORTANT: Give this fax form to your veterinarian. He'll fill out his part and then fax it on to us. Pet prescriptions can only be faxed to a licensed pharmacy from a US-licensed vet. It's the law.

PET OWNER

Step 1: PRINT Veterinary Rx Authorization Fax form & fill in your contact information.

Step 2: DELIVER to your veterinarian for authorization. (We cannot accept any prescriptions unless faxed from a veterinarian.)

VETERINARIAN

Step 3: COMPLETE FORM & attach pet owner's prescription

Step 4: FAX to XYZ Pharmacy

PHARMACY

Step 5: PROCESS veterinarian's Prescription Authorization

PET OWNER

Step 6: PLACE YOUR ORDER online or by phone to fill your Pet's Rx

Ordering from XYZ Pharmacy is easy. If you have any questions, or want to order by phone, feel free to call us any time at 1-800-000-0000.

Thanks,

Company XYZ Pharmacy Staff

Confidentiality Notice: This information is confidential. Don't share it with unauthorized persons.

PRESCRIPTION AUTHORIZATION FAX FORM

Pharmacy Fax # **1-800-000-0000**
(for veterinary use only)

ATTENTION VETERINARIAN: This form should have been filled out and given to you by the the pet owner listed below.
Thanks for your cooperation. You can reach us any time at 1-800-000-0000 with your questions, or to phone in your prescription.

PET OWNER - please print

PET OWNER _____
First Name Last Name Customer#

ADDRESS _____

City State Zip

PHONE _____ EMAIL _____

PATIENT'S NAME _____ SPECIES _____

VETERINARIAN - please print Rx information and FAX to 1-800-000-0000

*****This Area for Veterinary Use Only*****

VETERINARIAN _____
First Name Last Name State License #

CLINIC _____
Clinic Name

City State Zip

PHONE _____ FAX _____

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

Known allergies/medical conditions: _____

Veterianrian's Signature

Substitution Permission Date Dispense as Written Date DEA# (if applicable) Dat

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