Memorial Pharmacy and Compounding

7017 S. Staples St Suite 103B

Corpus Christi, Texas 78413

Phone: 361-356-6279 Fax: 361-480-0090

Date:_____ Date of Birth:_____ Patient:_____

Address:_____

City/State/Zip:_____

Phone Number:_____ Owner:_____

All compounds for clinical use will require a written prescription for each individual patient. Medication will be dispensed in patient specific package.

## Commonly Requested Veterinary Formulations

☐ Amitriptyline_____ mg Qty:_____
☐ Cream_____ mg/0.1mL ☐ Beef or Chicken ___mg/mL

☐ Pimobendan ___ mg Qty:_____
☐ Capsule ☐ Beef or Chicken ____ mg/mL

☐ Diazepam ____ mg Qty:_____
☐ Suppository ☐ Beef or Chicken ____ mg/mL

☐ Doxycycline ____ mg Qty:_____
☐Beef or Chicken ____mg/mL

☐ Fluoxetine _____mg Qty:_____
☐ Cream____ mg/0.1mL ☐Beef or Chicken ____ mg/mL

☐ Gabapentin _____ mg Qty:_____
☐ Cream ____mg/0.1mL ☐ Beef or Chicken Liquid ___mg/mL

☐ Methimazole ___ mg Qty:_____
☐ Cream____ mg/0.1mL ☐ Beef or Chicken ___ mg/mL

☐ Metronidazole ____ mg Qty:_____
☐ Capsule ☐ Beef or Chicken ____mg/mL

☐ Potassium Bromide _____ mg Qty:_____
☐ Capsule ☐Beef or Chicken ____ mg/mL

☐ Trilostane _____mg Qty:_____
☐ Capsule ☐ Beef or Chicken _____ mg/mL

☐ Prednisolone ___ mg Qty:_____
☐ Cream____ mg/0.1mL Beef or Chicken___ mg/mL

**Sig:**_____

**Refills:**_____

Prescriber:_____

Prescriber Phone:_____ NPI:_____

Prescriber Signature:_____

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## Commonly Requested Veterinary Formulations

☐ Otic Gel (Ciprofloxacin 2% Ketoconazole 2% Triamcinolone 0.25%)

*Medication should be administered by veterinarian during office visit.

* Recommended repeat application 1 week after 1st dose.

☐ 3ml (1.5ml each visit) one ear ☐ 6ml (1.5ml each visit) both ears

☐ 8ml (4ml each visit) one ear ☐ 16ml (4ml each visit) both ears

*For dogs less than 90 lbs. instill 1.5ml into each affected ear

*For dogs greater than 90 lbs. instill 4ml into each affected ear

☐ Otic Powder (Boric Acid 25% Clotrimazole 1%)

☐ 10 gm in accordion puffer ☐ Other____ gm

Sig: Puff 2 puffs into affected ear twice daily

☐ Tritop (Neomycin 0.5%, Triamcinolone 0.1%, Tetracaine 0.5%)

Qty:_____

Sig:_____

☐ Cisapride_____mg Qty:_____

☐ Cream____ mg/0.1mL Beef Flavored Liquid____ mg/mL

☐ Phenylpropanolamine_____mg Qty:_____

☐ Capsule

☐ Other: _____

**Sig:_____**

**Refills:_____**

Prescriber:_____

Prescriber Phone:_____ NPI:_____

Prescriber Signature:_____