Revival® Animal Health

1700 Albany Place SE, P.O. Box 200, Orange City, IA 51041

PRESCRIPTION AUTHORIZATION FAX FORM

Pharmacy Fax 1.877.335.2680
(for veterinary use only)

Attention Veterinarian: Thank you for working with Revival Animal Health for the fulfillment of your client's pet prescription needs. You are receiving this form because of the customer listed below. If you would like to speak with one of our pharmacists or call in your prescription, please call 712-737-5555 x134. We would be glad to assist you.

Order Number

PET OWNER – please print your information below

OWNER _____
First Name Last Name Customer # (optional)

ADDRESS _____
Address City State Zip

PHONE _____ EMAIL _____

PATIENT'S NAME _____ SPECIES _____

VETERINARIAN – please print prescription info (or attach RX below) and FAX to 1.877.335.2680

****** **This Area for Veterinary Use Only. PLEASE RESPOND WITHIN 24 HOURS** ******

VETERINARIAN **(please print)** _____
First Name Last Name State License #

CLINIC _____
Clinic Name

_____
Street Address

_____
City State Zip

PHONE _____ FAX _____

VET OFFICE: PLEASE PROVIDE THE FOLLOWING FOR OUR RECORDS

SEX: ◯ Male ◯ Female DATE OF BIRTH OR YEARS _____ WEIGHT (lbs) _____

MED COND/ALLERGIES TO MEDS _____

PRESCRIPTION

	Pet Name	Species	Medication/dosage form	Strength	Qty ea	Refills
1						
	Directions for Use:					
2						
	Directions for Use:					
3						
	Directions for Use:					

Pet owner above is an adult and the intended recipient of the prescription.
By signing, I verify that I have an existing patient/prescriber relationship.

Veterinarian's Signature (please sign and date appropriate instruction)

_____ _____ _____ _____
Generic Equivalent Permissible Date Dispense as Written/Brand Medically Necessary Date

Deny ☐ Reason _____

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