



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, a Pharmacy Verified Pharmacy, 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 800-786-4751 x 134. We would be glad to assist you.

Order Number

Order Number input field

PET OWNER - please print your information below

OWNER: First Name, Last Name, Customer # (optional)
ADDRESS: Address, City, State, Zip
PHONE: PHONE, EMAIL
PATIENT'S NAME: 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: 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

Table with 7 columns: Pet Name, Species, Medication/dosage form, Strength, Qty ea, Refills. Includes rows for 1, 2, and 3 prescriptions with 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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