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Email: [info@dartnellspharmacy.com.au](mailto:info@dartnellspharmacy.com.au)

Fax: 03 9888 6911

Web: [www.dartnellspharmacy.com.au](http://www.dartnellspharmacy.com.au)

Dartnells Compounding Pharmacy

376 Canterbury Road, Surrey Hills VIC 3127

If you have any questions, please call us on 03 9888 5899

**PRESCRIPTION FOR COMPOUNDED ANIMAL MEDICATION (NON-STERILE)**

1. Complete all fields
2. Fax or email (preferred) to Dartnells Compounding Pharmacy
3. Post this original prescription to Dartnells Compounding Pharmacy

**Prescriber and Veterinary Clinic Details**

Prescriber’s Name: …………………………………………….…………………………………………………………………………………………………………….

Clinic: ………………………………….……………………………….……………………………………………………………………………………………………………

Address: ………………………………………………………………………………..………………………………………………………………………………………….

Suburb: ……………………………………………………….………………. State: ………………………………….... Postcode: ……………………………….

Contact Number: …………………………………………………………………………………………………………………………………………..…………..……..

**Patient & Owner Details**

Patient Name: ………………………………………………………….... Species: …………………………..………………….…………………………………..

Owner’s Name: ………………………………………………………………………………………………………………………………………………………………...

Address: ………………………………………………..………………………………………………………………………………………………………………………….

Suburb: ………………………………………………………….……………. State: ……………………….……….…... Postcode: ……………………………….

Contact Number: ……………………………………………………………………………………………………………………………………………………………..

**Medication Required**

Ingredient/Product: ……………………………..…………………………………………..….…………... Strength: ………….………………………………..

Form (eg. capsules, transdermal): ……………………………………………………..……………… Quantity: ……………………………………………

Directions for use: ……………………………………………………………………………………………………………………………………………..………………

………………………………………………………………………………………………………………………….. Repeats: ….…………………..……………………

**Prescribers Signature:** …………………………………………………………………………………..….. **Date:** …………………………………………………

**MEDICATION COLLECTION/POSTAGE & PAYMENT DETAILS (please tick)**

□ Post to owner: …………………………………………….………….. □ Post to clinic: ………………………………………………………………………..

**Payment (please tick)**

□ Contact owner directly: ………………………………………..… □ Charge to account: …………………………………………………………..……

□ Charge to credit card: ……..…………/…..……………/……..…………/…..………… exp: …..…/…..… CCV: ……………………………………….