

# SVPMEDS Rx Form

- This Rx form is for licensed veterinarians only.
- Only use this order form if you already have an account with SVPMEDS or if it is accompanied with a new account form.
- Complete the prescription and email this entire page to [dataentry@svpmeds.com](mailto:dataentry@svpmeds.com) – or fax this full page to our toll-free fax number: **877.673.3706**

## NAME OF PERSON SENDING PRESCRIPTION:

- BILL CLINIC/MAIL OWNER     BILL CLINIC/MAIL CLINIC  
 BILL OWNER/MAIL OWNER     EXPEDITE (1PM CT CUTOFF)

DATE: \_\_\_\_\_ SPECIES: \_\_\_\_\_ M/F: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ WT: \_\_\_\_\_

ALLERGIES (IF ANY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER PHONE: \_\_\_\_\_

DRUG NAME: \_\_\_\_\_

STRENGTH: \_\_\_\_\_ QUANTITY: \_\_\_\_\_

DIRECTIONS:

REFILLS:  1     2     3    \_\_\_\_\_ PRN

### DOSAGE FORM

- Capsule
- Chewable
- Injectable
- Ophthalmic
- Oral Liquid
- Tablet
- Transdermal Gel
- Otic
- Other \_\_\_\_\_

### FLAVOR

- Tuna
- Chicken
- Beef
- Liver
- Seafood
- Bacon
- Fish
- Marshmallow
- Other \_\_\_\_\_

DR. NAME (PRINT): \_\_\_\_\_

DR. SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

CLINIC NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### FOR PHARMACY USE ONLY:

Time and Date Received: \_\_\_\_\_

Taken by: \_\_\_\_\_ Checked by: \_\_\_\_\_ Verified by: \_\_\_\_\_

- Aware of BUD     No Change     Address Verified     Payment Verified

Counseled: \_\_\_\_\_

## Medical Rationale

If prescribing a compounded product, please provide the medical rationale for why the prescription being ordered must be compounded with the bulk drug as opposed to using an FDA approved product per **GFI-256**.

**NOTE:** Cost of the medication cannot be used as a rationale.

## Compliance

- Dosing animal with an approved product would reduce compliance and/or is not practical to achieve medical outcomes.
  - **EXAMPLE:** The lack of flavor in the commercially available product will reduce compliance
  - **EXAMPLE:** Multiple tablets/capsules or high-volume ML needed to dose an animal
  - **EXAMPLE:** Combination medications for one dose enhances compliance

## Allergy/Intolerance

- An inactive ingredient in approved commercial product is toxic to species or environment/inhabitants surrounding it.
  - **EXAMPLE:** Xylitol toxicity
- Patient has a sensitivity or intolerance or allergy to an inactive ingredient in the commercially available product and/or requires medically necessary avoidance. (Allergy must be provided below)

## Unavailable/Unsuitable FDA Approved Product

- Patient requires a dose that is unachievable or unsafe with a commercially available product.
  - **EXAMPLE:** 5mg tablet cannot be split into 1mg dosage
- FDA approved products unavailable.
  - **EXAMPLE:** Backorders/Shortages
  - **EXAMPLE:** Cisapride not available commercially
  - **EXAMPLE:** Otic ear combinations not available commercially
- Medication combination/dosage forms are not available as an approved product.

## Compounding Complications With FDA Approved Product

- Chemical properties/additional excipients of the commercial product prevent practical and effective use or sacrifice the formulation quality in the compounding of a specific drug.
  - **EXAMPLE:** Creating a sterile product for a non-sterile dosage form
  - **EXAMPLE:** Creating a transdermal product with a tablet/oral liquid
  - **EXAMPLE:** Creating an oral liquid with a tablet
- Other \_\_\_\_\_