



CareFirst Veterinary Pharmacy

2200 Garry Road Suite 1

Cinnaminson, NJ 08077

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Fax: 856-267-0529 / Toll Free: 844-922-7379

E-mail: info@cfspharmacy.com

www.cfspharmacy.com

Veterinary Office Order Form

Name of Clinic: _____ Account Number (if known): _____

Mailing Address: _____
 Street _____ City _____ State _____ Zip _____

Shipping Address: _____
 (if different - must be a veterinary office) Street _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Order Details

(Note: Control Substances are not permitted for office orders. All prescriptions for controlled medications must be accompanied with a patient specific prescription.)

Compounded Medication	Strength	Dosage Form (ie. tablet, suspension, transdermal gel)	Quantity per Unit (ie. Bottle of 100, 60 grams)	Number of Units	Preferred Flavor (if applicable)	Other

Shipping Preferences

Compounded medications are made based on your specified order. Certain preparations may require additional time due to stock, ingredient availability, and testing we conduct for preparations. Therefore, certain items of your order may be ready prior to others. Please specify your preference for multiple items on your order:

Not Applicable Ship Complete Order Together Partially Ship as Item(s) are Ready

Shipping Method

Standard Second Day Overnight

Note: All promotional shipping offers will be shipped as Standard Shipping.

Payment Preference

Charge Credit Card (on file) Send Invoice to Office

 Purchaser's Signature Printed Name Date

Thank you for choosing CareFirst Veterinary Pharmacy

Please Fax completed form to (844)922-7379 or e-mail to info@cfspharmacy.com