FAX WATKINS PHARMACY 231-737-1329
EMAIL: WATKINSPHARMACY@WATKINSPHARMACY.COM

WATKINS PHARMACY

1391 E SHERMAN BLVD
MUSKEGON, MI 49444
(231) 739-7158

PCAB ACCREDITED Compounding Pharmacy

PET NAME: _____ **DATE:** _____
OWNER NAME: _____ **WEIGHT:** ____#_____
ADDRESS: _____ **CITY:** _____ **ZIP:** _____
PHONE: __(_____)_____ **SPECIES:** _____ **ALLERGIES:** _____

All compounds will require a written prescription for each individual patient.

COMMON VET FORMULAS (SHEET 4 OF 5)

PHENOBARBITAL *SUSPENSION*

___ 10mg/ml ___ 20mg/ml

QTY: _____ Refills: _____

SIG: _____

PHENOBARBITAL CAPSULES

___ mg

QTY: _____ Refills: _____

SIG: _____

KBRO-VET (Potassium Bromide)

___ 250mg Chew Tabs ___ 250mg/ml Suspension

QTY: _____ Refills: _____

SIG: _____

ZONISAMIDE SUSPENSION

___50mg/ml ___ 100mg/ml

_____

_____ mg CAPSULE

QTY: _____ Refills: _____

SIG: _____

METHOCARBAMOL

___ 100mg/ml ___ 250mg/ml

_____

___ 50mg CAPSULE ___ 75mg CAPSULE

QTY: _____ Refills: _____

SIG: _____

BUPRENORPHINE

___ 0.3mg/ml Suspension

_____

TRANSDERMAL

___ 0.03mg/0.1ml L ___ 0.05mg/0.1 ml ___0.07mg/0.1ml

QTY: _____ Refills: _____

SIG: _____

TRAMADOL *SUSPENSION*

___ 10mg/ml ___ 50mg/ml

QTY: _____ Refills: _____

SIG: _____

HYDROCODONE

___ 1mg/ml ___ 2.5mg/ml ___5mg/ml

_____ mg CAPSULE

QTY: _____ Refills: _____

SIG: _____

***CAN NOT CALL OR FAX IN GIVE RX TO PT*

CUSTOM FORMULAS WELCOME **LAB DIRECT: 231-683-1708** **FAX 231-737-1329**

Physician Name (Print): _____
Physician Signature: _____
DEA # _____ **Office Phone #:** _____