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 5 OF 5)

CISAPRIDE SUSPENSION 10mg/ml

QTY: _____ **Refills:** _____

SIG: _____

LOPERAMIDE SUSPENSION 1mg/ml

(COMMERCIALLY AVAILABLE)

QTY: _____ **Refills:** _____

SIG: _____

TRILOSTANE SUSPENSION

___ 20mg/ml SUSP ___100mg/ml

_____

_____ mg CAPSULES

QTY: _____ **Refills:** _____

SIG: _____

POTASSIUM *CITRATE*

___500mg/ml

_____

___ 500mg CAPSULE

QTY: _____ **Refills:** _____

SIG: _____

LANTUS (GLARGINE) PEN (100 units/ml)

3ML PER PEN (300 UNITS)

QTY/PENS: _____ **Refills:** _____

SIG: _____

LANTUS (GLARGINE) VIAL ML (100 units/ml)

10ML PER VIAL

QTY/PENS: _____ **Refills:** _____

SIG: _____

PEN NEEDLES 100/BOX

QTY: _____ **Refills:** _____

INSULIN SYRINGES (10 PER PACK)

QTY: _____ **REFILLS:** _____

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

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