

Rx PRESCRIPTION FORM

DATE

ANIMAL SPECIES

NAME

PHYSICAL ADDRESS

SHIPPING ADDRESS (IF DIFFERENT)

PHONE

Drug Name, Strength, & Volume

QUANTITY: # OF VIALS

Directions for Use

REFILLS

*Prescribing Veterinarian Name:	Jason Villano
*Veterinarian Address:	Johns Hopkins University 720 Rutland Avenue, Ross 459 Baltimore, MD 21205
*Telephone Number:	410-955-3273
*DEA License Number: (for Controlled Substances)	

***Veterinarian Signature:** _____

*Denotes required field to be a valid prescription per State/Federal law (failure to complete will result in delay)

+DEA requires species as a minimum to qualify as patient specific (some states require one specific animal and date of birth)

For ALL Controlled Substances: Fax a copy of the Veterinarian's current Federal "Practitioner" DEA certificate for pharmacy files.

NY State law requires prescribers to use Official NY State Prescription Paper - Do Not Use This Form