

Owner's Information:		PET'S NAME: _____
FIRST NAME: _____	LAST NAME: _____	
PRIMARY PHONE #: _____	EMAIL: _____	
ADDRESS: _____	CITY, STATE, ZIP: _____	ALLERGIES: (If no allergies please check the NKDA box) <input type="checkbox"/> NKDA

Rx Medication Order:	Free Delivery Anywhere in Michigan!
<i>Pharmacist Please Compound:</i>	
<p>Rx</p>	
Refills: _____	

Prescriber Information:	PRESCRIBER NAME (PRINT): _____
PRESCRIBER'S SIGNATURE: _____	, DVM
NPI# or DEA# (CTP# for CNPs only): _____	DATE: _____
ADDRESS, CITY, STATE, ZIP: _____	
PHONE #: _____	FAX #: _____

This form is proprietary of BioMed Pharmacy and is only intended for use between provider and patient. Any unauthorized use could result in legal action. This facsimile transmission is intended to be delivered to the named addressee and may contain information that is confidential, privileged, and proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and/or telephone number set forth herein and obtains instructions as to the disposal of the transmitted material. In no event should such material be read or retained by anyone other than the addressee, except by express authority of the sender to the named addressee. FDA does not review compounded medication for safety or efficacy.

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Patient Information Sheet

(Provider, please hand this sheet to the patient.)

Dear Patient,

We have sent your special order prescription to BioMed Specialty Pharmacy to be compounded.

BioMed Specialty Pharmacy will call you within 24-48 hours from the phone number **(855) 246-6338**.

If you don't hear from them within 24-48 hours please call them back at **(855) 246-6338**.

BioMed's business hours are Monday-Friday 8am-6pm.

What information does BioMed need?



- Your prescription insurance card
- Your Driver's License or State Issued ID number
- Your Social Security number
- A credit card to secure payment
- Any allergies to any medications

biomedrelief.com Ph: 855. 246. 6338 info@biomedpharmacy.com