

Please note: All fields are required to be filled in when ordering.

COMPLETE & FAX TO: (09) 580 0917

This document has been prepared pursuant to Section 26(3) of the Medicines Act 1981 which provides the legal basis for the service offered by OPTIMUS Healthcare Limited.

OPTIMUS
HEALTHCARE LIMITED

VETERINARY PRESCRIPTION COMPOUNDING FORM

Date: _____ Veterinarian / Contact: _____

Veterinary Clinic: _____

Street Address: _____

Patient: _____ Owner's Name: _____ Address: _____

NOTE: As this request is for a compounding service, the following details are required (at minimum):
Medicine; Dose Strength; Dose Form; Quantity eg: Diltiazem 15mg/0.1ml in PLO gel - (6 x 1ml)

① Service Request – Prescription Compounding:	OPTIMUS notes:
_____	_____
_____	_____
_____	_____
_____	_____
Repeats: _____	_____
Authorised by: (Veterinarian) _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Repeats: _____	_____
Authorised by: (Veterinarian) _____	_____

FOR ANIMAL USE ONLY.

Note: Labelling should include the expiry date provided by OPTIMUS Healthcare Limited (we suggest inputting this information in the instruction area). As compounds are prepared to prescription or at the Veterinarians's request, and because preservative use is kept to a minimum, we apply conservative expiry dates which have been verified with the research department of Professional Compounding Centres of America (PCCA).

Note: **Payment terms:** Unless otherwise arranged, payment is required upon receipt of invoice.