

Order Form



1246 Hwy 377 South STE 100 Pilot Point TX 76258

(940) 686-2218

Order Transmitted by: (First and Last Name) _____ Date: _____

Ranch Name _____

Owner Name _____

Ranch Manager Name _____

Phone Number _____

Shipping Address _____

Email Address _____

Prescribing Veterinarian Name _____

Veterinarian Clinic Name _____

Clinic Phone _____

Clinic Address _____

Veterinarian State Lic Number _____

Veterinarian DEA Number _____

Veterinarian Signature _____

Credit Card Number _____

Exp Date / CVC Code _____

**Fax completed form to: (940) 686 9286 or
email to: axtellpharmacypic@outlook.com**

**MK = 5mg Med
/150mg Ket**

QTY	RF

**MK 2 = 10mg Med
/150mg Ket**

QTY	RF

**MK Plus = 10mg
Med/200mg Ket**

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**MKB = 5mg
Med/150mg
Ket/1mg
Butorphanol**

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**Atipamezole
20mg/ml**

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Naltrexone 20mg/ml

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All vials are mg per ml and 30ml each.

Please indicate quantity of each and additional refills if needed.

Upon receipt of valid prescription from your veterinarian and processed payment we will ship the indicated product directly to you.

