

# 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](mailto: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.

This form, when signed by your veterinarian, is a valid prescription and when your payment is processed we will ship the indicated product directly to you.



