

## **EQUINE DISEASE STATES**

COMPOUND RX REFERRAL FORM

FAX: 646.224.9499

PHONE: 347.829.7731

CLDRA	-		32.2	CEDRASPECIA	ALIY.COM
PATIENT INFORMATION					
Patient Name:	Caretak	er:			
DOB/Age:	Phone:				
Address:	Allergies				
City: State: Zip:	Diagnos	iis:			
PRESCRIBER INFORMATION					
Prescriber Name:	DEA#:	NPI#:		Tax ID#:	
Address:	Phone:		E-mail:		
City: State: Zip: Key C	Contact:		Phone:	Fax:	
STATUS UPDATE PREFERENCE: Phone Text Fax E-mail:					
Upon patient request, this Rx may be faxe	ed to 646.224	.9499 ID:			
COMPOUND INFORMATION					
Cushing-Like Disease	Custo	m Formulation			
CEDRA Compound RX# VEDS1					
Pergolide Mesylate 1mg/mL Oral Suspension					
Pergolide Mesylate 1mg/10gm Oral Powder Packet					
Cyproheptadine HCL 100mg/mL Oral Suspension					
EPM					
CEDRA Compound RX# VEDS2					
Phenylbutazone Flavored Powder					
Sulfadiazine 333mg/mL, Pyrimethamine 16.7mg/mL, Trimethoprim 83mg/m	nL				
Oral Suspension					
Worms					
CEDRA Compound RX# VEDS3					
Ivermectin 10mg/mL Oral Solution					
<b>Day supply:</b> 7 14 21 30					
Daily dose:					
<b>RF:</b> 1 2 3 4 5 6					
Prescriber Signature: (Please sign and date below.)	<u> </u>				
Prescriber Signature	Date				

Compounds are available by prescription only. The FDA does not approve compounds to cure, treat or mitigate disease. The formulations listed represent commonly prescribed formulas for the disease states indicated. This is not intended to advertise claims of efficacy for individualized formulations.

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