



PRESCRIPTION AUTHORIZATION FAX FORM

Pharmacy Fax # 1-800-447-2404
(for veterinary use only)

Dear Pet Owner,

Thank you for choosing Drs. Foster & Smith's licensed pet pharmacy.

For your convenience, and for the convenience of your veterinarian, please feel free to utilize the following form. Please print this PDF document and fill out your contact information.

IMPORTANT: Deliver the fax form to your veterinarian for further processing.
State & Federal pharmacy laws stipulate that pet prescriptions may only be faxed to a licensed pharmacy from a US-licensed veterinarian.

PET OWNER

- Step 1: PLACE YOUR ORDER online or by phone with Drs. Foster and Smith Pharmacy. (1-800-447-3021)
- Step 2: PRINT this form and fill in your contact information.
- Step 3: DELIVER to your veterinarian for authorization. (Faxed prescriptions can only be accepted if faxed from a veterinarian.)

VETERINARIAN

- Step 4: COMPLETE FORM & attach client's prescription.
- Step 5: FAX to Drs. Foster and Smith Pharmacy.

If you have any questions, or wish to place your order by phone, feel free to call us at 1-800-447-3021.

Thank You!

Drs. Foster & Smith Pharmacy Staff

We GUARANTEE
our heartworm meds!

"Dr. Foster & Dr. Smith will personally guarantee our prescription heartworm preventives." - See details online!



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ATTENTION VETERINARIAN : This form has been delivered to your office by the pet owner listed below. Thank you for partnering with Drs. Foster & Smith's licensed pet pharmacy to authorize your client's medication. If you need to speak with one of our pharmacists, or prefer to phone in your prescription, please call 1-800-447-3021.

PET OWNER - please print your information below

OWNER _____
 First Name _____ Last Name _____ Customer # (optional) _____

ADDRESS _____

 City _____ State _____ ZIP _____

PHONE _____ EMAIL _____

PATIENT's NAME _____ SPECIES _____

VETERINARIAN - please print prescription info (or attach RX below) and FAX to 1-800-447-2404

***** This Area for Veterinary Use Only *****

VETERINARIAN (please print) _____
 First Name _____ Last Name _____ State License # _____

CLINIC _____
 Clinic Name _____
 Street Address _____
 City _____ State _____ ZIP _____

PHONE _____ FAX _____

Attention New York State Prescribers
 Public Health Law requires that all prescriptions written be issued on an official New York State prescription form. The law was enacted to combat prescription fraud and went into effect April 19, 2006

	Pet Name	Species	Medication	Strength	QTY EA	Add'l # of Refills
1						
	Directions for Use:					
2						
	Directions for Use:					

Please indicate any known significant allergies/medical conditions: _____

Veterinarian's Signature (please sign and date appropriate instruction)

Generic Equivalent Permissible _____ Date _____ Dispense as Written/Brand Medically Necessary _____ Date _____ DEA# (if applicable) _____

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