

# UTVMC PHARMACY RDVM Rx REQUEST

To fill a prescription, please fax this completed form to 865-974-8533.  
 Prescriptions are usually available within 3 hours of faxed receipt.  
 Orders received before 5:30 pm will be filled the same day.  
*\*Please understand that some compounding preparations may take up to 24 hours to fill.*

## Practice Information

Practice:	
Veterinarian:	
Street Address:	
City:	
State:	Zip:
Phone:	
Fax:	
Email:	

## Client/Patient Information

Owner:	
Street Address:	
City:	
State:	Zip:
Phone:	
Email:	
Patient Name:	
Breed:	Color:
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Equine <input type="checkbox"/> Bovine <input type="checkbox"/> Other: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Neutered/Spayed <input type="checkbox"/> Male <input type="checkbox"/> Intact
Weight: <input type="checkbox"/> lbs <input type="checkbox"/> Kg	DOB:

## Deliver or Pick Up? (Check one)

For you and your client's convenience, our pharmacy offers various delivery options.

- Owner will pick-up at UTVMC Pharmacy.
- Prescription to be mailed to the Owner's address above. (A flat fee of \$15 will be applied for shipping. The order will be delivered via FedEx.)
- Prescription to be mailed to practice. (A flat fee of \$15 will be applied for shipping. The order will be delivered via FedEx.)
- Practice will pick up at UTVMC Pharmacy.
- Courier Service delivery is available for practices within a 45-mile radius of UTVMC. (Standard courier fee applies)

University of Tennessee

## UT Veterinary Medical Center

**Pharmacy:** 2407 River Drive, Knoxville TN 37996  
 tel. (865) 974-5670 fax. (865) 974-8533

## Payment options: (Check one)

- MEDICATION AND SUPPLIES FOR PRACTICE USE ONLY (office use pricing)
- Owner will pay the UTVMC standard pharmacy price

**Acceptable forms of payment include: Cash, check or credit card (Visa, Master Card, Discover and Care Credit).**

For a list of available medications and compounding preparations, please visit:  
<https://vetmed.tennessee.edu/vmc/HospitalOperations/Pharmacy>

### SPECIAL INSTRUCTIONS

I would like directions to be placed on bottle: (check one)  YES  NO

### REQUEST/INSTRUCTIONS

Limit 3 RX's Per Form

Medication:

SIG:

Qty: \_\_\_\_\_

Refill \_\_\_\_\_ Times  No Refill

Medication:

SIG:

Qty: \_\_\_\_\_

Refill \_\_\_\_\_ Times  No Refill

Medication:

SIG:

Qty: \_\_\_\_\_

Refill \_\_\_\_\_ Times  No Refill

DVM

Clinician's Signature

Date

DEA NO. \_\_\_\_\_

### CHARGES

\$