

CEDRA

EQUINE CARE

COMPOUND RX REFERRAL FORM

CEDRASPECIALTY.COM

PATIENT INFORMATION	
Patient Name:	Caretaker:
DOB/Age:	Phone:
Address:	Allergies:
City: State: Zip:	Diagnosis:
PRESCRIBER INFORMATION	
Prescriber Name: D	EA#: NPI#: Tax ID#:
Address: PI	'hone: E-mail:
City: State: Zip: Key Con	ntact: Phone: Fax:
STATUS UPDATE PREFERENCE: Phone Text Fax E-mail:	
Upon patient request, this Rx may be faxed to 646.224.9499 ID:	
COMPOUND INFORMATION	
Hoof Care	Custom Formulation
CEDRA Compound RX# VEC1	
Vitamin E Acetate 0.5% Topical Oil	
Rifampin 0.96% & Ketoconazole 1.5% Topical Solution	
Hoof Rot Topical Solution	
CEDRA Compound RX# VEC2	
Phenol 26.6%, lodine 2.3% & Formaldehyde 9%	
Fly Spray	
CEDRA Compound RX# VEC3	
Citronella Oil 0.76%	
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Shampoo	
CEDRA Compound RX# VEC4	
Jojoba Oil 2%, Aloe Vera Oil 2% & Avocado Oil 2%	
Maine Shampoo	
CEDRA Compound RX# VEC5	
Wheat Germ Oil 2%	
Fragrance of choice:	
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Day supply: 7 14 21 30	
Daily dose:	
RF: 1 2 3 4 5 6	
Prescriber Signature: (Please sign and date below.)	
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. 084_VECRef100-01NY-B