



# EQUINE DISEASE STATES

## COMPOUND RX REFERRAL FORM

FAX: 646.224.9499

PHONE: 347.829.7731

CEDRASPECIALTY.COM

# CEDRA

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Caretaker: \_\_\_\_\_  
 DOB/Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

### PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ DEA#: \_\_\_\_\_ NPI#: \_\_\_\_\_ Tax ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Key Contact: \_\_\_\_\_ 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

#### Cushing-Like Disease

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/mL  
 Oral Suspension

#### Worms

CEDRA Compound RX# VEDS3  
 Ivermectin 10mg/mL Oral Solution

Day supply: 7 14 21 30

Daily dose:

RF: 1 2 3 4 5 6

#### Custom Formulation

Prescriber Signature: (Please sign and date below)

Prescriber Signature

Date