



**CEDRA**

# EQUINE EDIBLES

COMPOUND RX REFERRAL FORM

**FAX: 646.224.9499**

PHONE: 347.829.7731

CEDRASPECIALTY.COM

**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**

**Feed Formulations**

CEDRA Compound RX# VEE1  
 Acetazolamide 13% Feed Additive  
 Phenylbutazone 100 gm Flavored Powder

**Oral Pastes**

CEDRA Compound RX# VEE2  
 Azithromycin 200mg/mL  
 Trimethoprim 33mg/gm & Sulfamethoxazole 167mg/gm  
 Chloramphenicol 500mg/gm

**Medicated Treats**

CEDRA Compound RX# VEE3  
 Oat Base treat - 1.08 gm mold  
 Oat Base treat - 3 oz mold

**Flavoring:**

Apple	Mango (Natural)
Oat Base	Tangerine (Natural)
Alfalfa	Molasses
Cherry	Passion Fruit (Natural)

\*\* Additional unique/exotic flavors and flavor combinations available upon request. Flavors may also be used for Oral Suspensions & Syrups.

**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