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Please Fax This Completed Form to **615-891-7393**

VETERINARIAN COMPOUNDS

ANY OF THESE MEDICATIONS CAN BE MODIFIED TO YOUR PREFERENCE

MEDICATION	FORMS	ACTIONS/USES	QUANTITY
() Methimazole _____ mg/0.1ml	Cream	Hyperthyroidism	_____
() Diphenhydramine 8 mg/0.1ml	Cream	Antihistamine	_____
() Amitriptyline ____ mg/0.1ml	Cream	Tricyclic antidepressant	_____
() Promethazine 25 mg/0.1ml	Cream	Antihistamine/nausea/vomiting	_____
() Diazepam 1 mg/0.1ml	Cream	Anxiety/thunder scare	_____
() Diazepam _____ mg	Liquid/treat	Anxiety/thunder scare	_____
() Potassium bromide _____ mg	Capsule	Seizure	_____
() Potassium bromide _____ mg/ml	Liquid	Seizure	_____
() Sodium bromide ____ mg	Capsule	Seizure	_____
() Sodium bromide _____ mg/ml	Liquid	Seizure	_____
() Phenobarbital _____ mg/ml	Liquid	Seizure/anxiety	_____
() Cisapride ____ mg	Capsule	GI Motility	_____
() Cisapride ____ mg/ml	Liquid	GI Motility	_____
() Doxycycline ____ mg/ml	Liquid	Antibiotic	_____
() Metronidazole benzoate ____ mg/ml	Liquid	Antibiotic	_____
() Budesonide ____ mg/ml	Liquid	Anti inflammatory	_____
() Prednisone ____ mg/ml	Liquid	Anti inflammatory	_____
() Potassium citrate 200 mg/ml	Liquid	Urine alkalizing agent	_____
() _____/_____/_____	Thermoreversible Ear Gel		1.5-2ml per ear
Antibiotic/Antifungal/Corticosteroid	Infection/Fungus/Inflammation		To Be Administered in office
() Others: _____			

CAN BE MADE INTO CAPSULE, LIQUID, SUPPOSITORY, TRANSDERMAL GEL, TREATS, ETC

****MANY FLAVORS TO CHOOSE FROM*****

Direction for use or OFFICE USE: _____

Refills: _____

Comments: _____

Doctor's Name _____ **Doctor's Signature** _____

Doctor's Address _____ Doctor's Phone # _____

Patient's Name _____ Patient's Phone # _____