## Formulate Rx Pharmacy

1049 Willa Springs Dr STE 1051 Winter Springs FL 32708

## **Telephone Order Prescription Pad**

Name:	ficardo	Pal merola	□ F XM	☐ Veterir	nary
DOB:	3/21	85		Species:	
Phone:					
Address:					
Allergies:					
R <sub>X</sub> Compound					
Ivermectin 12 mg capsules.					
BID × 7 day					
	// written and numeric	cal)	Refills:	3 W: written and	d numerical)
Read Back:	Фов	rug Name	Strengt	th	directions
Interchange is mandated unless the practitioner writes the words "No Substitution" in this space					
Phoned in by:	<b>Fican</b>	do Palmerola	↓ □ Voicemail		
Prescriber:	Ricardo	do Palmenda Palmenda	State License	:	
Phone:			NPI:	52956	39
Address:			DEA:		
RPh Initials:	Sta	ate License: PSSH	<u>\</u> ~		
Date and Time: $\frac{v}{v} = \frac{v}{v}$ (of oral authorization)					