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OFFICE USE ONLY

Script Form Received (Date): _____

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PRESCRIPTION FORM

A licensed veterinarian must fill out this original form to Reproduction Provisions, LLC. Veterinarians purchasing prescription pharmaceuticals must mail this original form to Reproduction Provisions prior to ordering. This form must be filled out completely to be valid. Please include a copy of the state veterinary license along with this form.

Federal US Law restricts prescription pharmaceuticals to be purchased by or on the written order of a licensed veterinarian, and that all prescription information be verified before sale is made or product shipped. Please allow 24 hours for verification.

VETERINARIAN/CUSTOMER INFORMATION

please print

Company Name _____

Contact Person (if different) _____

Current License # (include state) _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Veterinarian's email: _____

Veterinarian Signature _____ Date _____

IF DESIGNATED FOR VETERINARY CUSTOMER - PROVIDE CUSTOMER INFO

Company Name _____

Contact Person (if different) _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Client's email: _____

Products:

#1034800
Folltropin
20ml
(with sterile
diluent for
reconstitution)

#1034802
Folltropin
Dual Packs
20ml each
(without diluent)

#1033800
Pluset
21ml
(w/21ml sterile
diluent for
reconstitution)

NOT AN ORDER FORM - PLEASE SUBMIT PRIOR TO ALL ORDERS REQUIRING PRESCRIPTIONS