

*Date: _____

*Owner/Client Name: _____

Ranch Name (if applicable): _____

*Physical Address: _____

Shipping Address (if different): _____

Owner Telephone: _____

Rx

BAM KIT

*Total Kits: _____ (alpha-numerical value required by Law, i.e.#1 AND (one))

Each BAM kit contains the following:

#1, 11ml vial containing:

300mg Butorphanol Tartrate, 120mg Medetomidine HCl & 100mg Azaperone Tartrate

#1, 5.5ml vial Naltrexone HCl 50mg/ml

#1, 30ml vial Atipamezole 25mg/ml

Sig: For veterinary sedation and reversal of sedation in _____ (Species⁺).

Use according to dosing directions.

REFILLS: _____

** up to 5 (five) refills valid for up to 6 (six) months*

*Prescribing Veterinarian: _____

*DEA License Number: _____

*Veterinarian Address: _____

*Veterinarian Telephone: _____

*Veterinarian Signature: _____

**Denotes required field to be a valid prescription per State/Federal law (failure to complete fully will result in delay)*

+DEA requires one species as a minimum to qualify as patient specific (some states require one specific animal & date of birth)

For ALL Controlled Substances: Fax a copy of the Veterinarian's current Federal "Practitioner" DEA certificate for pharmacy files

*NY State law requires prescribers to use Official NY State Prescription Paper - **Do Not Use This Form***