



**Pharmacy**

HDM Pharmacy, LLC  
4250 Iron Works Pike  
Lexington, KY 40511-8412  
www.hagyardpharmacy.com

**VETERINARIAN'S PRESCRIPTION  
ORDER FORM**

**R<sub>x</sub>** Patient Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Medication: \_\_\_\_\_

Strength: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_

Veterinarian's Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ State License No. \_\_\_\_\_

***TO PLACE AN ORDER PLEASE CALL, MAIL OR FAX THIS FORM TO:***

**HAGYARD PHARMACY    ATTN: PHARMACIST**  
4250 IRON WORKS PIKE  
LEXINGTON, KY 40511  
PH (859) 281-9511    TOLL FREE (888) 323-7798    FAX (859) 388-9331  
WWW.HAGYARDPHARMACY.COM

**PAYMENT INFORMATION: (CHECK ONE)    BILL CLIENT     BILL VETERINARIAN**   
**AMERICAN EXPRESS, DISCOVER CARD, MASTERCARD OR VISA NUMBER:**

\_\_\_\_\_ Expires: \_\_\_\_\_

**CARDHOLDER SIGNATURE:** \_\_\_\_\_

SHIPPING:    UPS GROUND     2ND DAY     OVERNIGHT