

ATTENTION ONCOLOGY DEPARTMENT: VETERINARY ORDER



CLINIC:		
DELIVERY ADDRESS:		
CONTACT NUMBER:	CONTACT EMAIL:	
PRESCRIBING VETERINARIAN FULL NAME:		PRESCRIBING VETERINARIAN SIGNATURE:
ORDER DATE:	TREATMENT DATE:	DELIVERY DATE/TIME:

PETS NAME	FAMILY NAME	BODY SURFACE AREA (m ²)	DRUG	STRENGTH (MG/UNITS)	FORM (FLUID BAG, SYRINGE)	FLUID BAG VOLUME	ROUTE OF ADMIN (INTRAVENOUS, ORAL)	ANCILLARIES REQUIRED (PHASEAL, SYRINGE CAP)

ORDERS & ENQUIRES

Email: vetcompounding@hps.com.au

(Available 8am-5pm Monday to Friday)