

BLACKBURN DRUG

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545 N CACHE - UNIT 10-S JACKSON WY 83001

PATIENT NAME _____ DOB _____

ADDRESS _____ PHONE _____

ANIMAL TYPE _____

CAPSULES

PIMOBENDAN _____ MG CAPSULES

GIVE ANIMAL 1 CAPSULE BY MOUTH EVERY _____ HOURS

_____ CAPSULES

REFILLS _____

SUSPENSION

PIMOBENDAN _____ MG/ML

SHAKE WELL AND GIVE 1 ML TO ANIMAL EVERY _____ HOURS

QUANTITY _____ ML (90 DAY MAX)

REFILLS _____

BEEF CHICKEN TUNA APPLE PEPPERMINT

PHYSICIAN NAME _____ DATE _____

SIGNATURE _____ DEA _____