

BLACKBURN DRUG

PHONE: 307-201-1159 L FAX: 307-201-1553
BLACKBURNDRUG.COM
545 N CACHE - UNIT 10-S JACKSON WY 83001

PATIENT NAME _____ DOB _____

ADDRESS _____ PHONE _____

ANIMAL TYPE _____

CAPSULES

TRILOSTANE _____ MG CAPSULES

GIVE ANIMAL 1 CAPSULE BY MOUTH EVERY _____ HOURS

_____ CAPSULES

REFILLS _____

SUSPENSION

TRILOSTANE _____ MG / 5 ML

SHAKE WELL AND GIVE 5 ML TO ANIMAL EVERY _____ HOURS

QUANTITY _____ ML (90 DAY MAX)

REFILLS _____

BEEF CHICKEN TUNA APPLE PEPPERMINT

PHYSICIAN NAME _____ DATE _____

SIGNATURE _____ DEA _____