

# BLACKBURN DRUG

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BLACKBURNDRUG.COM  
545 N CACHE - UNIT 10-S JACKSON WY 83001

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ANIMAL TYPE \_\_\_\_\_

OMEPRAZOLE \_\_\_\_\_ MG PER DOSE

SUCRALFATE \_\_\_\_\_ MG PER DOSE

CHECK ONE      POWDER      PASTE

CHECK ONE      APPLE      PEPPERMINT

GIVE ANIMAL 1 DOSE EVERY \_\_\_\_\_ FOR \_\_\_\_\_ DAYS

# \_\_\_\_\_ DOSES

PHYSICIAN NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DEA \_\_\_\_\_