

# Prescription Therapy

## *Personalized For Your Pet*



It can be difficult to treat a pet with medication. Getting your pet to swallow a pill can be a challenge and you want to make sure they are getting the correct dose. Compounded medication can eliminate this and many other challenges associated with pet medication.

[Veterinary Compounding](#), the practice of preparing customized medications for pets, provides a variety of different options to make medicating easier.

From pet friendly flavorings to unique dosage forms, you can be sure your pet is getting the medication that perfectly meets all of their healthcare needs.

Union Medical Pharmacy is a reliable, innovative, quality-obsessed compounding pharmacy that will become your partner in keeping your pet well. UMP takes the health of your pet seriously. We formulate potency-tested, quality compounds to Vet's exact prescription specifications and deliver them in an innovative range of dosage forms.

And...we do it all with an 11-Check Quality Control protocol for every prescription. You'd expect nothing less of our commitment to provide a quality prescription for your pet.

### Types of personalized medications

There are a number of types of medication

- **Pain Agents.**
- **Antibiotics and Antifungals.**
- **Thyroid**
- **Gastr-Intestinal (Digestive)**
- **Epilepsy and Seizure**

### How do I get a personalized pet prescription?

Personalized pet prescriptions require a prescription. Here are the steps to follow to get your prescription:

- [Print out this brochure](#)
- [Bring all pages in to your pet's next Vet visit](#)
- [Describe your pet's symptoms](#)
- [If your prescriber thinks a personalized prescription is right for your pet they will select the appropriate medication from the following page](#)



## Union Medical Pharmacy

1769 Orchard Park Road  
West Seneca, NY 14224

716. 675.4133  
[www.unionmedicalrx.com](http://www.unionmedicalrx.com)



# Personalized Pet Care Order Form

Phone: (716) 675-4133

FAX: (716) 675-1314

1769 Orchard Park Road • West Seneca • New York • 14224

Patient Name:		Owner Name:	
Owner's Phone Numbers: Home ( ) -		Work / Cell ( ) -	
Street:		Apt. No:	
City:		State:	Zip:
Insurance:	ID No:	Group No:	

### Epilepsy & Seizures

<b>Phenobarbital Oral Suspension</b> Strength <input type="checkbox"/> 10 mg / ml <input type="checkbox"/> Fish <input type="checkbox"/> Chicken <input type="checkbox"/> 15 mg / ml <input type="checkbox"/> Beef Quantity: _____ ml <input type="checkbox"/> Bacon		<b>Zonisamide Oral Suspension</b> Strength      Flavoring <input type="checkbox"/> 10 mg / ml <input type="checkbox"/> Fish <input type="checkbox"/> Chicken <input type="checkbox"/> 20 mg / ml <input type="checkbox"/> Beef Quantity: _____ ml <input type="checkbox"/> Bacon	
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### Gastro-Intestinal (Digestive)

<b>Cisapride Oral Suspension</b> Strength      Flavoring <input type="checkbox"/> 2.5 mg / ml <input type="checkbox"/> Fish <input type="checkbox"/> Chicken <input type="checkbox"/> 3 mg / ml <input type="checkbox"/> Beef <input type="checkbox"/> 5 mg / ml <input type="checkbox"/> Bacon Quantity: _____ ml Directions: _____	<i>Call us about other custom formulations</i>
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### Thyroid

<b>Methimazole Oral Suspension</b> Strength      Flavoring <input type="checkbox"/> 4 mg / ml <input type="checkbox"/> Fish <input type="checkbox"/> Chicken <input type="checkbox"/> 5 mg / ml <input type="checkbox"/> Beef Quantity: _____ ml <input type="checkbox"/> Bacon Directions: _____	<b>Methimazole Topical Gel</b> Strength <input type="checkbox"/> 5mg / 0.1ml Quantity: _____ ml Directions: _____
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### Infection

<b>Enrofloxacin Oral Suspension</b> Strength      Flavoring <input type="checkbox"/> 10 mg / ml <input type="checkbox"/> Fish <input type="checkbox"/> Chicken <input type="checkbox"/> 15 mg / ml <input type="checkbox"/> Beef <input type="checkbox"/> 20 mg / ml <input type="checkbox"/> Bacon <input type="checkbox"/> 25 mg / ml <input type="checkbox"/> 50 mg / ml      Quantity: _____ ml Directions: _____	<b>Metronidazole Oral Suspension</b> Strength      Flavoring <input type="checkbox"/> 10 mg / ml <input type="checkbox"/> Fish <input type="checkbox"/> Chicken <input type="checkbox"/> 50 mg / ml <input type="checkbox"/> Beef <input type="checkbox"/> 100 mg / ml <input type="checkbox"/> Bacon Quantity: _____ ml Directions: _____
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### Prescriber Verification

I have reviewed my patient's medical records and have determined that the medications ordered are medically necessary. I verify I have examined and diagnosed the patient as indicated above. I will comply with state and federal documentation requirements by retaining a copy of this prescription in the patient's medical record. This prescription is to be dispensed as written unless otherwise instructed by me.

Prescriber Name:		Signature:	
Date:	Office Contact:	NPI:	



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City:		State:	Zip:
Insurance:		ID No:	Group No:

### Pain

#### Celecoxib Oral Suspension

<i>Strength</i>		<i>Flavoring</i>	
<input type="checkbox"/> 10 mg / ml	<input type="checkbox"/> Fish	<input type="checkbox"/> Chicken	
<input type="checkbox"/> 25 mg / ml	<input type="checkbox"/> Beef		
	<input type="checkbox"/> Bacon		

Quantity: \_\_\_\_\_ ml  
 Directions: \_\_\_\_\_

#### Tramadol Oral Suspension

<i>Strength</i>		<i>Flavoring</i>	
<input type="checkbox"/> 2 mg / ml	<input type="checkbox"/> Fish	<input type="checkbox"/> Chicken	
<input type="checkbox"/> 5 mg / ml	<input type="checkbox"/> Beef		
<input type="checkbox"/> 10 mg / ml	<input type="checkbox"/> Bacon		
<input type="checkbox"/> 50 mg / ml			

Quantity: \_\_\_\_\_ ml  
 Directions: \_\_\_\_\_

*Call us about other custom formulations*

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