## *LAMINIL™* PRESCRIPTION

*Email prescription to kelly@Laminil™.us*

* Enter information after every colon:\_
* Do Not Use the ENTER key. Move cursor with mouse, touch pad, keypad, or another pointing device.

Date **:\_\_**

Veterinarian name **:\_\_**

License State **:\_\_** License number **:\_\_**

Practice/clinic name :\_\_

Street **:\_\_**

City **:\_\_**

State **:\_\_**

Zip code **:\_\_**

Email address **:\_\_**

Telephone number **:\_\_**

Horse name **:\_\_**

Owner or Trainer name **:\_\_**

Telephone :\_\_

Email address :\_\_

**Email Billing Address** to receive and pay PayPal invoice :\_\_

**Shipping address**:\_\_ Same as practice? [\_\_\_]

Name of recipient **:\_\_**

Street **:\_\_**

City **:\_\_**

State **:\_\_**

Zip code **:\_\_**

***Laminil™* Topical Cream** (120 gram) # jars **:\_\_** \_

# Refills **:\_\_**

Directions for use: Apply to coronary band once or twice a day for 30 days as directed.

Apply to sites of inflammation as directed.

***Laminil™* IV Perfusion** (50mL) # vials **:\_\_**

# Refills **:\_\_**

Directions for use: To be administered by injection by veterinarians only.

***Laminil™* IM Solution** (50mL) # vials **:\_\_**

# Refills **:\_\_**

Directions for use: To be administered by injection by veterinarians only.

**Shipping**

Express UPS required for Injection Solution

1-5 day UPS Ground Shipping for Topical Cream

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Veterinarian, please acknowledge by entering your name below, that you understand that *Laminil™* Treatments will be formulated for your patient/client by a compounding pharmacy that is licensed but may not located in your state.

Veterinarian Name :\_\_

Date :\_\_