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**Armor Veterinary Dispensing Facility**  
 1440 Action Drive SE Mandan, ND 58554

**RX REQUEST**

Farm Name: \_\_\_\_\_  
 Customer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**SIGNATURE OF APPROVING VET:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Vet Name:** \_\_\_\_\_ **Vet License Number:** \_\_\_\_\_  
**Clinic Name:** \_\_\_\_\_ **Vet License Exp. Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_

Please complete the form below, sign and fax back to Armor Veterinary Dispensing Facility. Thank You.

Drug	Dosage Directions	Refill	Written Qty	Milk withhold	Meat withhold	Animal Group-Please circle	Expiration date
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	

We would like to thank you for giving us the opportunity to work with you by providing prescriptions to your clients. Armor Veterinary Dispensing Facility provides a Prescription Usage Report to each prescribing veterinarian. This report lists all the prescription drugs you have prescribed for your client and the quantity of each drug used during the current prescription period.

- How often would you like to receive this report?  
 Monthly     Quarterly    or     Yearly
- Email address to receive the report?  
 Email / Email Address: \_\_\_\_\_

If at any time you have any questions or even suggestions please feel free to contact us.