

An Invoice is Included with Your Order.

- Call the Billing Department at 1-800-742-0516, press option 4, to phone in your credit card (VISA/MasterCard/Discover/American Express) payment.

Please note: you may call and request to keep your credit card on file for our Auto Pay Plan to automatically charge future orders when ordered by you or your veterinarian. Call for more details.

INVOICE



Pet Health Pharmacy
PO Box 6591
Madison, WI 53716

Invoice: 429399
Page: 1
Date: 06/03/2010
Time: 1:52:37 PM
ADM Pet Health Pharmacy

Telephone: (800) 742-0516

(Press Option 4 For Billing Questions)

SHIP TO

Name: Thunders, Johnny
Address: Fluffy Thunders
101 Home St.
Charleston, SC 29401
Phone:
Email:

Your account number is: 301149

Rx# Order #	Refills Remaining	Disp Date	Date Written	Item Name	Disp Qty	Days Supply	Price	Patient Pay
70127019	3.00	06/03/2010	01/14/2010	P-FLUCONAZOLE 100gm	30	30	\$12.00	\$12.00
8000011	-1	06/03/2010	10/11/2009	L-AMOXICILLIN 149.6mg+	30	30	\$15.00	\$15.00

Amount This Order: \$27.00
Shipping: \$6.00
Total Due This Order: **\$33.00**
Paid by credit card.

Credit Card Payment Information

Visa xxxxxxxxxxxxx9999
Amount: \$33.00
Auth#: 024-1234567891

Shipping Method: US Post Office – Priority Mail: Single Piece

Priority: Ground

Shipping Comments: CC On File

Payment is required at the time of the order. Price subject to change without notice.



Refill Order Form

Please fill out information below and return with payment to:
Pet Health Pharmacy • P.O. Box 6591 • Madison, WI 53716

To Pay with MasterCard/VISA/Discover/AMEX

Card Number: _____ **Please initial here to keep your card on file:** _____
Expiration Date: _____ Daytime Phone Number: () _____ - _____

Name of Customer: Fluffy Thunders Pet Name: Johnny Thunders Phone: _____

Prescription(s): _____

Please SHIP my prescription(s) on: _____ (Day) of _____ (Month).

Your account number is: **301149** **Verify or Add Email:** _____

ABOUT YOUR INVOICE

- 1 - Please reference your account number for all payments and correspondence.
- 2 - FORM ABBREVIATIONS
AL - otic liquid
AO - otic ointments
C - powder caps w/lactose
CG - liquid/gel filled capsules
CGS - liquid/gel caps in veggie caps
CS - powder capsules in a different color
CS - powder caps with a different filler
CS - powder caps in a veggie cap
DC - topical cream
DG - topical gel
DO - topical ointment
DS - topical solution
FO - flavor (oil soluble)
FP - flavor (powder)
FW - flavor (water soluble)
I - injectable
IS - injectable special
L - oral liquid
LS - oral liquid special
N - nasal solution
OL - ophthalmic liquid
OO - ophthalmic ointment
P - powders (plain)
PS - powders (flavored)
S - suppositories
TN - transdermal NAG
TP - transdermal PLO
- 3 - The total amount of order including shipping.
- 4 - The shipping method is US Priority Mail® unless expedited service is requested.
- 5 - The shipping comments pertaining to order
- 6 - Credit card payment information may be reflected.
- 7 - To order future refills, please return form with payment
- 8 - Can provide initials for authorizing your credit card to be kept on file for future orders.
- 9 - Verify or add email address.