



Dairy Order Form

Fax to: (315) 253-3576

Date: ____/____/____

Dairy Name: _____ Contact: _____

Address: _____ City: _____ St.: _____ Zip: _____

Phone: (____) _____ Cell Phone: (____) _____

Code #	Description	Quantity
925 I	Banamine or Flunixin-D 100 ml, Rx	
27 I	Cal-Phos 2 + Potassium	
749 I	Dexameth 2 mg/ml, Rx	
65 I	Dextrose 50%	
966 I	Excede	
812 I	Excenel	
1504	Lutalyse 20 dose – 100 ml, Rx	
327 I	Naxcel 4 gm, Rx	
	Needles – gauge:	
923 I	Ovacyst (Gnrh) 6 ds 12 ml	
177 I	Oxytocin, Rx	
60 I	Pen G 250 ml, Rx	
867 I	Pirsue 12 pack	
189 I	Polyflex 250 mg/mL, Rx	
905 I	Prostamate	
201 I	Quartermaster	
501 I	Saline hypertonic 7.2%	
1508	Spectramast DC (dry cow)	
1507	Spectramast LC (lactating cow)	
422 I	Sterile Water 250 ml	
	Syringes – cc:	
Please list additional items below		

Signature: _____