



Phone: 602-899-6960

Fax: 602-899-6961

4214 E Indian School Road Ste 103,
Phoenix, AZ 85018
info@metierpharmacy.com
www.metierpharmacy.com

Patient	Date: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Pet's First Name: _____	Last Name: _____	
	Owner's Name: _____		
	Address: _____	City: _____	State _____ Zip _____
	Phone: _____	Alt. Phone Number: _____	
	Weight: _____	Age: _____	
	Species: _____		

Metier Pharmacy can accept only original prescription drug orders from patients, and faxed prescriptions from the prescribing practitioners.

PRESCRIPTION	Medication	Strength	Directions	Quantity	Refills	

Prescriber	Date Shipment Needed: _____	Ship to _____	Client _____	Veterinarian _____	In Store Pickup _____
	Physician's Name _____			Office Contact: _____	
	Office Phone: _____	Office Fax: _____	DEA#: _____		
	Office Address: _____		City: _____	State _____	Zip _____
	Physician Signature: _____			Date: _____	

Important: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the intended addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.