

Halocur® Order Form

Date: _____

Practice Name:	E-mail Address:
Address:	Practice Number: eg FR 00/X0X0X

Contact Number: _____

To be used in species on Farm/s:
eg bovine on farm Koeiplaas

To be delivered to: (Please mark applicable choice)

Direct to practice

To Wholesaler: Name of Wholesaler _____

Product Name	Qty	Dosage and Duration:
Halocur® 490 mℓ		
Halocur® 980 mℓ		

Prescribing Veterinarian	
Name: Address: <i>I declare that this prescription is for animal(s) under my care.</i> Signature or equivalent:	Qualifications: Contact Number: SAVC Registration Number: eg D00/0X0X Practice Stamp:

As per the Department of Agriculture, Forestry and Fisheries, veterinarians will be required to order Halocur® on this request form, which is signed off by the veterinarian and **this document will contain the name/s of the farms, as well as the species intended to be treated** and the quantities ordered.

Please send completed form to salesordersmsd@merck.com
If the Wholesaler delivery option is chosen, please copy your Wholesaler in on the order for invoicing purposes.