



6007 244th St SW #A2 | rx@axispharmacynw.com
Mountlake Terrace, WA 98043 | 425.672.5820

VETERINARY COMPOUNDING SERVICES

FREE SHIPPING!

Please provide patient information and check requested compounded prescription of choice.

Medical Provider signature needed at bottom.

FAX FORM TO 206.782.1499

Pet's Name: Owner: Phone:

Address:

Species: Disease States:

SHIPPING: Courier, USPS Ground, Pickup
PAYMENTS: Credit Card#, Exp Date, CVV, Cardholder Name, Billing Zip

DRUG

- Acepromazine, Acetycysteine, Aluminum Hydroxide, Aminophylline, Amitriptyline, Amlodipine Besylate, Aspirin, Atenolol, Azathioprine, Azithromycin, Benazepril HCL, Budesonide, Buspirone, Calcitriol, Captopril, Clindamycin, Clarithromycin, Clomipramine, Cisapride, Cyproheptadine, Cyclosporine, Digoxin, Doxycycline, Enalapril Maleate, Estriol, Famotidine, Fluconazole, Furosemide, Fluoxetine, Gabapentin, Itraconazole, Levetiracetam, Maropitant, Methimazole, Metoclopramide, Metronidazole, Mexiletine, Omeprazole, Pentoxifylline, Phenylpropanolamine, Phenobarbital, Phenoxybenzamine, Pimobendan, Piroxicam, Potassium Bromide, Prazosin, Prednisone, Prednisolone Suspension, Pyridostigmine, Sildenafil, Spironolactone, Sulfamethoxazole, Trilostane, Tylosin, Ursodiol, Zonisamide

Please ask for medications not listed.

Form

- Flavored Suspension, Flavored Chewable Treats, Oral Capsules, Topical Transdermal Gel, Rectal Gel, Suppositories

Strength

- mg, mg/ml, ng, ng/ml, other:

SIG:

Quantity: Refills:

Written for: As Indicated Above: Directions: As Indicated Above
Medical Provider: Phone:
Address: Email:
(Medical Provider Signature - dispense as written) (Medical Provider Signature - substitution permitted)

To process this Compounded Prescription request, please sign and fax to: AXIS Pharmacy NW at 206.782.1499 or pharmacy of patient's choice.

This form does not meet the requirements of Washington State's Tamper-Resistant Prescription Paper Law (RCW 18.64.500) and is legal only when faxed to the pharmacy from the prescribers office.