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

VETERINARY COMPOUNDING SERVICES

Methimazole TD-GEL

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 ❑ _____

_____

Address: _____

City: _____

State: _____ Zip: _____

PAYMENTS

Credit Card#: _____

Exp Date: _____ CVV: _____

Cardholder Name: _____

Billing Zip: _____

❑ **Methimazole 25MG/ML Transdermal Gel**
SIG: Gently massage 0.1ML (2.5MG) to alternating inner ear surface ONCE a day (WEAR GLOVES)
Quantity: 3ML (1 month) 6ML (2 months) 9ML (3 months)
Refills: _____

❑ **Methimazole 25MG/ML Transdermal Gel**
SIG: Gently massage 0.1ML (2.5MG) to alternating inner ear surface TWICE a day (WEAR GLOVES)
Quantity: 6ML (1 month) 12ML (2 months) 18ML (3 months)
Refills: _____

❑ **Methimazole 50MG/ML Transdermal Gel**
SIG: Gently massage 0.1ML (5MG) to alternating inner ear surface ONCE a day (WEAR GLOVES)
Quantity: 3ML (1 month) 6ML (2 months) 9ML (3 months)
Refills: _____

❑ **Methimazole 50MG/ML Transdermal Gel**
SIG: Gently massage 0.1ML (5MG) to alternating inner ear surface TWICE a day (WEAR GLOVES)
Quantity: 6ML (1 month) 12ML (2 months) 18ML (3 months)
Refills: _____

❑ **Methimazole ____ MG/ML Transdermal Gel**
SIG: Gently massage 0.____ML (____MG) to alternating inner ear surface _____ a day (WEAR GLOVES)
Quantity: 3ML 6ML 9ML 12ML 18ML ____ML
Refills: _____

Written for: As Indicated Above: _____ Date: ____ / ____ / _____

Medical Provider: _____ Phone: _____

Address: _____ Email: _____

_____ _____

(Medical Provider Signature - substitution permitted) (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.