axis™ Pharmacy Northwest
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: 425.672.5821

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: _____

DRUG

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

Please ask for medications not listed.

Form

- ❑ Flavored Suspension
- ❑ Flavored Chewable Treats
- ❑ Flavored Mini Chews
- ❑ Oral Capsules
- ❑ Topical Transdermal Gel
- ❑ Rectal Gel
- ❑ Suppositories

Strength

_____ mg
_____ mg/ml
_____ ng
_____ ng/ml
_____ other: _____

Flavor:

_____

SIG: _____

_____

_____

_____

Quantity: _____ **Refills:** _____

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

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.