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VETERINARY COMPOUNDING SERVICES

SHIPPING AVAILABLE WITHIN WASHINGTON STATE

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: \_\_\_\_\_

DRUG

- Acepromazine, Acetycysteine, Aluminum Hydroxide, Aminophylline, Amitriptyline, 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, Pentoxifylline, 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 425.672.5821 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 prescriber's office.