



24255 Van Ry Blvd, Suite A2 | phone: 425.672.5820
Mountlake Terrace, WA 98043 | email: rx@axispharmacynw.com
web: www.axispharmacynw.com

VETERINARY COMPOUNDING SERVICES

Methimazole TD-GEL

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: _____

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 - 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.