



## RC Compounding Services, LLC

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### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

### Autologous Serum Eye Drops

Please prepare following dose (please circle):

20%      50%      Other: \_\_\_\_\_ %

Directions (please circle):

Instill one drop into      BOTH eyes      RIGHT eye      LEFT eye

4 to 6 times a day      6 to 8 times a day

Every 4 hours      Every 2 hours      Other: \_\_\_\_\_

Refill: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_