

Owner:
Pet:
Address:
Phone:

Date Written:
Species:

Ophthalmic

Cidofovir 0.5% (5 ml only)

Cyclosporine in MCT Ointment 1% 2%

Tacrolimus in MCT Ointment 0.02% 0.03% 0.04%
Other:

Combine Cyclosporine and Tacrolimus yes no

(if choosing both Cyclosporine and Tacrolimus you must specify if you want them combined)

Quantity 5 Soln. 5ml 10ml 15ml Refills: _____ PRN
Oint. 3.5 gm 7.5 gm 11gm No Refills

OD OS OU

QD BID TID QID Other:

Directions:

Notes:

Signature: _____

Prescriber: Phone:

Clinic:

Address: