

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

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

Must Order Labs each time  
Hep B surface antigen  
Hep C A&B  
HIV screen

Serum Tears  
Labs familiar with blood draw:  
PVH Lab | Harmony Campus Lab | MCR Lab

Serum Drops  
40%      50%      60%      80%      Other \_\_\_\_\_

Dose      1 gtt      OU  
Sig:      4x / Day      6x / day      Other \_\_\_\_\_

Notes:

Signature: \_\_\_\_\_  
Prescriber: \_\_\_\_\_ Phone: \_\_\_\_\_  
Clinic: \_\_\_\_\_ DEA: \_\_\_\_\_  
Address: \_\_\_\_\_