

Owner:
Pet:
Address:
Phone:

Species: _____
Date Written: _____

Ophthalmic

Cidofovir 0.5%

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 5ml Refills: PRN
No Refills

OD OS OU
QD BID TID QID Other:

Directions:

Notes:

Signature: _____

Prescriber: _____ Phone: _____
Clinic:
Address: