

Patient Name		Prescriber Name	
Date of Birth		Office Phone #	
Phone #		Office Fax #	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Allergies		NPI	
Email		DEA	

Dry Eye

- Acetylcysteine Eye Drop Solution (2 x 5mL) (___ 5% ___ 10% ___ 20%)
- Albumin Eye Drop Solution (4 x 4mL) (___ 5% ___ 10%)
- Autologous Serum Eye Drop Solution (30 x 1.5mL) (_____ % [20% - 100%])
- Cyclosporine "Johns Hopkins" **Aqueous** Eye Drop Solution (2 x 5mL) (1%)
- Cyclosporine MCT **Oil** Eye Drop Solution (1 x 5mL) (1%) (*Extended exp. date of 180-days at room temp*)
- Cyclosporine MCT **Oil** Eye Drop Solution (10 x 1mL) (_____ % [0.1% - 2%])

Patient Procedure for Autologous Serum Eye Drops (Printable)

<https://2z3ul13mb9752eva2g4c8796-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/Autologous-Eye-Serum-Protocol-NJ-Last-Updated-01-2021.pdf>

Blog Post for Autologous Serum Eye Drop General Information

<https://tccompound.com/autologous-serum-eye-drops/>

Blog Posts for Dry Eye

<https://tccompound.com/sjogrens-syndrome/>
<https://tccompound.com/hyaluronic-acid-role-dry-eyes-and-vision/>
<https://tccompound.com/chronic-or-severe-dry-eyes/>

Pediatric Myopia / Symptomatic Vitreous Floaters

- Atropine Eye Drop Solution (1 x 10mL) (___ 0.01% ___ 0.02% ___ 0.05%) (*Extended exp. date of 180-days at room temp*) (90 D/S)
 *For floaters: Atropine 0.01% - 1 drop every other evening to the affected eye

Blog Posts for Atropine Eye Drops

<https://tccompound.com/atropine-eye-drops-children-nearsightedness-myopia/>
<https://tccompound.com/product/atropine-eye-drops/>

Infection / Keratitis

- 5-Fluorouracil (5-FU) Eye Drop (1%) (_____ Day Supply)
- Amphotericin B Eye Drop Suspension (10 x 1mL) (___ 1.5mg/mL (0.15%) ___ 5mg/mL (5%))
- Ceftazidime Eye Drop Solution (2 x 5mL) (___ 50mg/mL ___ 100mg/mL)
- Chlorhexidine (Di)gluconate Eye Drop Solution (_____ % [0.02% - 0.6%]) (___ 10mL ___ 15mL)
- Polyhexamethylene Biguanide (PHMB) Eye Drop Solution (___ 0.01% ___ 0.02%) (___ 10mL ___ 15mL)
- Tobramycin Fortified Eye Drop Solution (10mL) (14mg/mL)
- Vancomycin Fortified Eye Drop Solution (10mL) (___ 25mg/mL ___ 50mg/mL)
- Voriconazole Eye Drop Solution (10mL) (1%)

Other

- Mitomycin Eye Drop Solution (10 x 1mL) (0.02%)
- Edetate Disodium (EDTA) Eye Drop Solution (___ 1% ___ 1.5% ___ 2% ___ 3%) (___ 5mL ___ 10mL)
- Naltrexone Eye Drop Solution (10 x 1mL) (0.2% = 2mg/mL) (30-day supply)
- Losartan Eye Drop Solution (0.08% = 0.8mg/mL) (___ 10 x 1mL) for 1 drop (___ OS ___ OD) 6x/day
OR
 (___ 10 x 2mL) for 1 drop in both eyes 6x/day
 (Both options are 30-day supply)

Steroid

- Dexamethasone Eye Drop Solution (___ 0.01% ___ 0.1%) (___ 5mL ___ 10mL ___ 15mL) (___ Check here if requesting preservative-free)
- Prednisolone Preservative-Free Eye Drop Solution (___ 0.5% ___ 1%) (___ 5mL ___ 10mL ___ 15mL) (Using Prednisolone Sodium Phosphate)

Custom Order _____

***** Must complete this part to complete prescription! *****

Directions

- Instill _____ drop(s) in (___ OS ___ OD ___ OU) _____ time(s) a day
- Other: _____

Refills

- # _____
- As needed

Prescriber Signature: _____

Date Written: _____