

WEST PLANO DRY EYE
& AESTHETICS

AUTOLOGOUS SERUM EYE DROPS:
OPHTHALMIC STERILE COMPOUND RX REQUEST

Prescribing Physician:	NPI:
Address:	
Phone:	Fax:

Patient Name:
Patient DOB:
Patient Phone:
Patient Email:

<input checked="" type="checkbox"/> Autologous Blood Serum
Please Check Requested Concentration: <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> Other: _____
Directions: Apply 1 drop into each eye _____ times daily.
Quantity: As many 5mL bottles as serum will make, not to exceed 12 bottles per fill.

Lab Orders: Collection of blood by venipuncture.
Instructions: Based on the concentration of drops prescribed, draw the appropriate number of vials of blood according to West Plano Aesthetics' autologous serum processing guidelines.
Refills: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Other: _____

Provider Signature: _____ Date: _____