OFFICE NAME: ______________________________

ADDRESS: ______________________________

____

PHONE: ______________________________

DATE NEEDED: ______________________________

(IF BEING SHIPPED/DELIVERED DIRECTLY TO OFFICE)

PATIENT NAME: ______________________________

ADDRESS: ______________________________

____

PHONE: ______________________________

DATE OF BIRTH: ______________________________

ALLERGIES: ______________________________

OPHTHALMIC PRODUCT ORDER FORM – DIRECT ADMINISTRATION BY PHYSICIAN

DISPENSE QTY	MEDICATION	DOSAGE FORM	MEDICATION SIG	REFILLS
	Dexamethasone 400mcg/0.1mL Solution	0.2mL (In a TB Syringe)	For Professional Use Only	NR
	EDTA ________ % Solution (Please indicate strength)	5mL Droptainer	For Professional Use Only	NR
	Epinephrine 1:100000/Lidocaine 2% Solution	5mL (In a 10mL Syringe)	For Professional Use Only	NR
	Lidocaine 1%: Phenylephrine 1.5% Solution	1mL Vial	For Professional Use Only	NR
	Phenylephrine 1.5% Solution	1mL (In a 3mL Syringe)	For Professional Use Only	NR
	Sugarcaine Solution (1:3:1 Ratio) 0.1mL Lidocaine 4%: 0.3mL BSS: 0.1mL Epinephrine 1:1000	0.5mL (In a TB Syringe)	For Professional Use Only	NR
	Tropicamide 1%: Phenylephrine 2.5%: Cyclopentolate 1% Solution	10mL Droptainer	For Professional Use Only	NR
	Tetracaine 0.5%: Bupivicaine 0.08% Solution	10mL Droptainer	For Professional Use Only	NR
	Trypan Blue 0.1% Solution	1mL (In a 3mL Syringe)	For Professional Use Only	NR
	Riboflavin 0.1% Solution	5mL Droptainer	For Professional Use Only	NR
	Sodium Chloride 5% Ophthalmic Solution	1mL Vial	For Professional Use Only	NR
	Moxifloxacin 0.5% : Ketorolac0.3% : Prednisolone 1% Pre/Post-Op Cataract Suspension	5mL Droptainer	For Professional Use Only	NR

*MAY ONLY SELECT 1 MEDICATION PER FORM. ADDITIONAL MEDICATIONS MUST BE ORDERED ON A SEPARATE FORM

RC COMPOUNDING SERVICES
3030 Center Rd, Poland, OH 44514
P: 330-707-9001
F: 330-707-9002
info@rccompounding.com
www.rccompounding.com

PRESCRIBER INFORMATION DATE: ______________

NAME: ______________________________

SIGNATURE: ______________________________

DEA: ______________ NPI: ______________

FAX FORM TO (330) 707-9002