



3030 CENTER RD, POLAND, OH 44514
PH: 330-707-9001 | FAX: 330-707-9002
EMAIL: info@rccompounding.com
www.rccompounding.com

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Address: _____

Phone: _____ Allergies: _____

AUTOLOGOUS SERUM EYE DROPS

Please prepare following dose (please circle):

20% 50% Other: _____ %

Directions (please circle):

Instill one drop into BOTH eyes RIGHT eye LEFT eye

4 to 6 times a day 6 to 8 times a day

Every 4 hours Every 2 hours Other: _____

Refill: _____

Physician Signature: _____ Date: _____

Printed Name: _____ NPI: _____

Address: _____

Phone: _____ Fax: _____