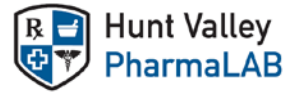


# STAT DROPS™



NovoTEARS™  
We Make Eye Drops Personal™

OP DROPS™

DR. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

## PRESCRIBING SHEET

Email To: [RX@HVPCC.COM](mailto:RX@HVPCC.COM)

Fax To: 410-666-7253

### PATIENT INFORMATION

Patient Name:	DOB:	Gender:	M	F
Address:	Phone:			
City/ST/Zip:	Email:			

All Preparations Are **PRESERVATIVE FREE** Unless Otherwise Specified.

CHECK BELOW	ANTIBIOTICS		QUANTITY (ML)
<input type="radio"/> Vancomycin ( <i>circle one</i> )	25 mg/mL	50 mg/mL	_____
<input type="radio"/> Tobramycin ( <i>circle one</i> )	3 mg/mL	13.3 mg/mL ( <i>Fortified</i> )	_____
<input type="radio"/> Gentamicin ( <i>circle one</i> )	3 mg/mL	13.3 mg/mL ( <i>Fortified</i> )	_____
<input type="radio"/> Ceftazidime	50 mg/mL		_____
CHECK BELOW	ANTIFUNGALS		QUANTITY (ML)
<input type="radio"/> Amphotericin B (5 mg/mL)			_____
<input type="radio"/> Voriconazole 1%			_____
CHECK BELOW	DRY EYES		QUANTITY (ML)
<input type="radio"/> Cyclosporine 1% with Artificial Tears			_____
<input type="radio"/> Glycerin 40% Solution			_____
<input type="radio"/> NovoTears ( <i>serum tears, next-day</i> )			_____
OTHER (PLEASE SPECIFY)			
Drug Name/Active Ingredient	Strength	Format/Quantity	
_____	_____	_____	

SIG: \_\_\_\_\_

Signature

Date

Refills

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P: 410-667-6246

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Hunt Valley Pharmacy & Compounding

[www.HVPCC.com](http://www.HVPCC.com)

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