

Dr: _____

PRESCRIBING SHEET

Scheduler: _____

 Address: _____

 Email To: RX@HVPCC.COM

Phone #: _____

Fax To: 410-666-7253

PATIENT INFORMATION

Name:	DOB:	Gender:	M	F
Address:	Date of Surgery #1:	Eye:	R	L
City/ST/Zip:	Date of Surgery #2:	Eye:	R	L
Phone #:	Other/Notes:			

CHECK BELOW
INDICATED MEDICATIONS

<input type="radio"/> Pre-Op Dilating Drops (1% Cyclopentolate / 2.5% Phenylephrine with BAK) <u>SIG:</u> Day of surgery, 1 drop in surgery eye prior to leaving home. 1 drop every 15 min. until four (4) drops total.	
<input type="radio"/> Ilevro® 0.3% (3 mL) – One Refill <u>SIG:</u> Start QD 5 days before surgery. Hold on morning of surgery, then daily for 28 days.	<input type="radio"/> Ketorolac® 0.5% (10 mL) – One Refill <u>SIG:</u> Use QID. Start 5 days prior to surgery. Hold the morning of surgery, then QID x 1 week, then BID x 3 weeks.
<input type="radio"/> Besivance® 0.6% (5 mL) – One Refill <u>SIG:</u> Start & use with dilating drops morning of surgery. One (1) drop every 15 min. up to 4 drops, then TID x 1 week, then stop	<input type="radio"/> Ofloxacin or Cipro 0.3% (5 mL) – One Refill <u>SIG:</u> Start & use with dilating drops morning of surgery. One (1) drop every 15 min. up to 4 drops, then QID x 1 week, then stop.
<input type="radio"/> Durezol® 0.05% (5 mL) – One Refill <u>SIG:</u> After surgery TID x 1 weeks, then BID x 2 weeks, then QD x 1 week, then stop	<input type="radio"/> Prednisolone Acetate 1% (15 mL) – One Refill <u>SIG:</u> After surgery QID x 2 weeks, then BID x 2 weeks, then stop

OTHER MEDICATION

Drug Name/Active Ingredient	Strength	Format/Quantity
1. _____	_____	_____

SHIPPING INFORMATION

<input type="radio"/> Ship to Physician's Office	<input type="radio"/> Ship to Patient Directly	<input type="radio"/> Will-Call Pickup
<input type="radio"/> Overnight (\$30)	<input type="radio"/> 2 nd Day (\$22)	<input type="radio"/> Ground (\$14)

Signature

Date

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