

OPHTHALMIC COMPOUND PRESCRIPTION ORDER FORM



PSC PHARMACY
PARK SPECIALTY COMPOUNDING

23510 KINGSLAND BLVD # 104
KATY, TEXAS 77494

PHONE: 281-665-8899 FAX: 281-665-8897

DATE:

[PATIENT INFORMATION]

PATIENT NAME:

DATE OF BIRTH:

PHONE NUMBER:

[PHYSICIAN INFORMATION]

NAME:

PHONE NUMBER:

DEA:

[RX]

- | | |
|--|--|
| <input type="checkbox"/> Albumin 5% (PF)-10ML | <input type="checkbox"/> Dexamethasone 0.05% (PF)-10ML |
| <input type="checkbox"/> Albumin 10% (PF)-10ML | <input type="checkbox"/> Dexamethasone 0.1% (PF)-10ML |
| <input type="checkbox"/> Cefazolin 3.3% (PF)-10ML | <input type="checkbox"/> Hydrocortisone 2.5% (PF)-10ML |
| <input type="checkbox"/> Cefazolin 5% (PF)-10ML | <input type="checkbox"/> Prednisolone 1% (PF)-10ML |
| <input type="checkbox"/> Cefazolin 5% Fortified-15ML | <input type="checkbox"/> Acetylcysteine 5% (PF)-15ML |
| <input type="checkbox"/> Cefaz 5% + Tobra 1.3% (PF)-15ML | <input type="checkbox"/> Acetylcysteine 10% (PF)-15ML |
| <input type="checkbox"/> Gentamicin 0.8% (PF)-10ML | <input type="checkbox"/> Acetylcysteine 20% (PF)-15ML |
| <input type="checkbox"/> Gentamicin 1.5% (PF)-10ML | <input type="checkbox"/> Pilocarpine 0.5% (Preserved)-10ML |
| <input type="checkbox"/> Gentamicin 1.36% Fortified-10ML | <input type="checkbox"/> Pilocarpine 0.5% (PF)-10ML |
| <input type="checkbox"/> Tobramycin 1.5% (PF)-10ML | <input type="checkbox"/> Pilocarpine 1% (PF)-10ML |
| <input type="checkbox"/> Tobramycin 1.4% Fortified-10ML | <input type="checkbox"/> Pilocarpine 1.25% (PF)-10ML |
| <input type="checkbox"/> Vancomycin 2.5% (PF)-10ML | <input type="checkbox"/> Acyclovir 3% Ointment-5GM |
| <input type="checkbox"/> Fluconazole 0.2% (PF)-10ML | <input type="checkbox"/> Dexamethasone 5mg Ointment 3.5GM |

SIG: _____ REFILLS: _____

PRESCRIBER'S SIGNATURE:

WE WILL CONTACT THE PATIENT UPON THE RECEIPT OF THE PRESCRIPTION ORDER FORM TO VERIFY
PRICE, PAYMENT OPTIONS, AND DELIVERY. THANK YOU!