

Community Pharmacy

Compounding & Wellness Specialists

Sterile & Non-sterile



4400 Teasley Lane, Suite 100

Denton, Texas 76210

Phone: 940-382-1618 • Fax: 940-898-1986

www.communitypharmacy.com

Name _____ D.O.B. _____

Address _____ Date _____

STERILE COMPOUND **Rx**

Autologous Serum Eye Drops

(please circle strength) **20%** **25%** **40%** _____ %

Sig: Instill 1-2 drops in each eye 4 to 6 times daily.

Other: _____
Dispense #45 day supply in multiple bottles.

Albumin Eye Drops

(please circle strength) **5%** **10%** **20%** _____ %

Sig: Instill 1-2 drops in each eye 4 to 6 times daily.

Other: _____
Dispense #45 day supply in multiple bottles.

Refill _____ times

Dr. _____ DEA# _____

Please Print Name _____ Phone# _____

Lab Orders

Collection of venous blood by venipuncture

CPT Code 36415

ICD Code 370.33 Dry eyes

Dr. _____ DEA# _____

Please Print Name _____ Phone# _____

Please use PCAB Accredited Sterile Pharmacy

