



# GLAUCOMA DROPS ORDER FORM

Fax: 866-515-0196

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_  No Known Allergies

Email: \_\_\_\_\_

<p><b>Timolol 0.5%</b> <b>Latanoprost 0.005%</b> <i>BAK 0.01%</i></p> <p>Ophthalmic Solution Drops 3.5 ml bottle # of Bottles: _____ Refills: _____</p> <p><b>Directions:</b> Instill 1 drop in OS / OD / OU eye(s) Please circle one</p> <p>QD / BID / TID / QID Please circle one</p> <p>AM / PM Please circle one</p> <p>OR:</p>	<p><b>Timolol 0.5%</b> <b>Brimonidine 0.2%</b> <b>Dorzolamide 2%</b> <i>BAK 0.01%</i></p> <p>Ophthalmic Solution Drops 3.5 ml bottle # of Bottles: _____ Refills: _____</p> <p><b>Directions:</b> Instill 1 drop in OS / OD / OU eye(s) Please circle one</p> <p>QD / BID / TID / QID Please circle one</p> <p>AM / PM Please circle one</p> <p>OR:</p>	<p><b>Timolol 0.5%</b> <b>Brimonidine 0.2%</b> <b>Dorzolamide 2%</b> <b>Latanoprost 0.005%</b> <i>BAK 0.01%</i></p> <p>Ophthalmic Solution Drops 3.5 ml bottle # of Bottles: _____ Refills: _____</p> <p><b>Directions:</b> Instill 1 drop in OS / OD / OU eye(s) Please circle one</p> <p>QD / BID / TID / QID Please circle one</p> <p>AM / PM Please circle one</p> <p>OR:</p>	<p><b>Morning and Evening Combination</b></p> <table border="0"> <tr> <td><b>AM</b></td> <td><b>PM</b></td> </tr> <tr> <td><b>Timolol 0.5%</b></td> <td><b>Timolol 0.5%</b></td> </tr> <tr> <td><b>Brimonidine 0.2%</b></td> <td><b>Brimonidine 0.2%</b></td> </tr> <tr> <td><b>Dorzolamide 2%</b></td> <td><b>Dorzolamide 2%</b></td> </tr> <tr> <td><i>BAK 0.01%</i></td> <td><b>Latanoprost 0.005%</b></td> </tr> <tr> <td></td> <td><i>BAK 0.01%</i></td> </tr> </table> <p>Ophthalmic Solution Drops 3.5 ml bottles # of Bottles of each: _____ Refills: _____</p> <p><b>Directions:</b> Instill 1 drop in OS / OD / OU eye(s) Please circle one</p> <p>QD / BID / TID / QID Please circle one</p> <p>OR:</p>	<b>AM</b>	<b>PM</b>	<b>Timolol 0.5%</b>	<b>Timolol 0.5%</b>	<b>Brimonidine 0.2%</b>	<b>Brimonidine 0.2%</b>	<b>Dorzolamide 2%</b>	<b>Dorzolamide 2%</b>	<i>BAK 0.01%</i>	<b>Latanoprost 0.005%</b>		<i>BAK 0.01%</i>
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**All orders received will be processed by the following business day for shipping.  
All fields required. Incomplete orders may delay processing.**

I have reviewed my patients medical record and determined the medication(s) ordered are medically necessary. I verify I have examined and diagnosed the patient as indicated above. I will comply with state and federal documentation requirements by retaining a copy of this prescription in the patients' medical record. The prescription is to be dispensed as written unless otherwise instructed.

Prescriber Signature: \_\_\_\_\_ Prescriber Name: \_\_\_\_\_ NPI # \_\_\_\_\_

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Prescriber Email: \_\_\_\_\_

**Shipping:**  Ship to Office  Ship to Patient **Payment:**  Doctor  Patient  Pharmacy call patient for payment

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVC: \_\_\_\_\_

Credit Card on file ending in: \_\_\_\_\_

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