



Brought to you by **ImprimisRx**

PATIENT NAME

\_\_\_\_\_

PRESCRIBING PHYSICIAN NAME

\_\_\_\_\_

SURGERY DATE

\_\_\_\_\_

PHYSICIAN OFFICE CONTACT

\_\_\_\_\_

**DATE TO START DROPS:**

\_\_\_\_\_

LEFT

RIGHT



\_\_\_\_\_

LEFT

RIGHT



\_\_\_\_\_



LEFT

RIGHT



\_\_\_\_\_



| Prescribed Formulation*   | Dates of Treatment           | Drops per Administration  | Administrations per Day   |
|---|------------------------------|---|---|
| <b>Purple Cap</b><br><b><u>Steroid-Antibiotic-NSAID</u></b><br>Formulation Name: <br>_____ | Start Date:<br><br>End Date: | <input type="checkbox"/> 4 Drops<br><input type="checkbox"/> 3 Drops<br><input type="checkbox"/> 2 Drops<br><input type="checkbox"/> 1 Drop | <input type="checkbox"/> 4 Times per day<br><input type="checkbox"/> 3 Times per day<br><input type="checkbox"/> 2 Times per day<br><input type="checkbox"/> 1 Time per day |
| <b>Blue Cap</b><br><b><u>Steroid-Antibiotic</u></b><br>Formulation Name: <br>_____         | Start Date:<br><br>End Date: | <input type="checkbox"/> 4 Drops<br><input type="checkbox"/> 3 Drops<br><input type="checkbox"/> 2 Drops<br><input type="checkbox"/> 1 Drop | <input type="checkbox"/> 4 Times per day<br><input type="checkbox"/> 3 Times per day<br><input type="checkbox"/> 2 Times per day<br><input type="checkbox"/> 1 Time per day |
| <b>Green Cap</b><br><b><u>Steroid-NSAID</u></b><br>Formulation Name: <br>_____           | Start Date:<br><br>End Date: | <input type="checkbox"/> 4 Drops<br><input type="checkbox"/> 3 Drops<br><input type="checkbox"/> 2 Drops<br><input type="checkbox"/> 1 Drop | <input type="checkbox"/> 4 Times per day<br><input type="checkbox"/> 3 Times per day<br><input type="checkbox"/> 2 Times per day<br><input type="checkbox"/> 1 Time per day |

**SPECIAL INSTRUCTIONS:**

REMINDE**R**S

1. SHAKE WELL BEFORE EACH USE (If Applicable)
2. STORE OUT OF DIRECT SUNLIGHT

\*For professional use only. ImprimisRx specializes in customizing medications to meet unique patient and practitioner needs. ImprimisRx dispenses only to individually identified patients with valid prescriptions. No compounded medication is reviewed by the FDA for safety or efficacy. ImprimisRx does not compound essentially copies of commercially available products. References available upon request.