

SeraTears®  
Autologous



The Eye Bank  
of Kentucky

Serum Eye

### Drops Request

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Requesting Physician: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

DX: \_\_\_\_\_ Directions for use: \_\_\_\_\_

BSS Dilution: \_\_\_\_20% \_\_\_\_50% or \_\_\_\_%

Request is valid for one year **Unlimited refills** \_\_\_\_Yes \_\_\_\_No

Physician Signature \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO PATIENT'S PREFERRED LOCATION BELOW**

**EBKY-Louisville**  
10160 Linn Station Road  
Louisville, KY 40223  
Phone: 502-290-5330  
Fax: 502-653-5744

**EBKY-Lexington**  
1510 Newtown Pike, Suite 140  
Lexington, KY 40511  
Phone: 859-368-0957  
Fax: 859-421-0822