

FOR PRE/POST-OP CATARACT SURGERY

1945 State Street, New Albany, IN 47150 Phone: 812-944-6500 Fax: 812-944-6900 www.westmorelandpharmacy.com info@westmorelandpharmacy.com

Patient Name:	DOB:	Date:
Patient Address:	Phone:	
Allergies:	Health Conditions:	
(\$50 for One Eye:	syCataract® + I one eye \$75 for both 1-6mL bottle Both Eyes: 2-6m t (Patient cannot tolerate i	n eyes) nL bottles
	Right Eye (OD)	Left Eye (OS)
Surgery Dates:		
Prescriber's Name (Printed):		
Office/Contact Phone:	NPI:	
Prescriber's Signature: X	Date:	

PLEASE FAX THIS FORM TO WESTMORELAND PHARMACY + COMPOUNDING (812) 944-6900

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1. Locate Our Pharmacy

Westmoreland Pharmacy is listed in most ERx systems as Westmoreland Pharmacy:

Westmoreland Pharmacy 1945 State St. New Albany, IN 47150 812-944-6500 p 812-944-6900 f NCPDP 1560413 NPI 1457397259

2. Build the Script to Send

Select any Prednisolone product, such as Pred Forte. Select 10ml. For the directions, enter "Use as directed". In the Pharmacy Notes field, type the following:

"Dispense Compounded EasyCataract Drops, 6ml for one eye, 12ml for two eyes, Surgery dates are (enter dates)". If only the first surgery date is known, notate that date here and use "TBD" for the second date if the second date is not known yet. Lastly, type "multi-bottle regimen not tolerated by the patient".

If you wish to build a custom drug that spells out "Prednisolone 1%/Moxifloxacin 0.5%/Bromfenac 0.075%" you may use that. Otherwise, simply follow the above procedure.

3. Send a Test Script for Verification

Select "test patient" in your system or any other real patient you may wish to use. Follow the procedure in number 2 above. Once your ERx system has indicated the rx has been sent, wait about 15 minutes and call the Pharmacy at 812-944-6500. We will check the rx received for accuracy and appropriateness. Our staff will advise of any changes needed, if necessary.

