YourTears by AseptiKits

Autologous Serum Eye Drops

arcpoint labs

PATIENT INFORMATION

Name : _____ **Phone:** _____

Serum concentration:

☐ 20% ☐ 30% ☐ 50% ☐ 70% other: _____

Eye drop applications per day*:

☐ 2x/day ☐ 4x/day ☐ 6x/day ☐ 8x/day ☐ as needed other: _____

Volume (please circle)*: ☐ 40ml ☐ 60ml

Refill Period (please circle): ☐ 1X ☐ 3X ☐ 6X ☐ 8X other: _____

*** For reference** *40 ml of YourTears is approximately a 3 to 4-month supply*
60 ml of YourTears is approximately a 6-month supply

PHYSICIAN INFORMATION

Physician Name: _____ **Date**: _____

Physician Signature: _____

BEFORE arriving @ ARCpoint Labs for YourTears Eye Drops:

- Allow a minimum of 2 hours to take blood and process the serum
- Please be well hydrated when you arrive
- Bring ice packs/cooler to transport serum
- **Insurance is not accepted for YourTears eye drops**

AFTER receiving your YourTears Eye Drops:

- After arriving home, freeze all but one bottle of your eye drops
- Keep unfrozen bottle well refrigerated during period of use
- Thaw each bottle as needed keeping those not in use frozen
- Use as directed per physician

Please reach out to your Local ARCpoint Labs to discuss what options they have available for YourTears (Serum Tears).

ARCpointLabs.com/Locations