

### 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).