



HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
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STERILE EYE DROPS ORDER FORM

Order details

Name		Order Date	
MRN No.		Diagnosis	
Age			
Wad/Clinic		Next Appointment Date	

<input checked="" type="checkbox"/>	Type of Eye Drop	Dose	Frequency	LE/RE/BE	Duration
	Gtt. Amphotericin B 0.15%				
	Gtt. Atropine 0.01%				
	Gtt. Ceftazidime 5%				
	Gtt. Cefuroxime 5%				
	Gtt. Fluconazole 0.2%				
	Gtt. Gentamicin 0.9%				
	Gtt. Vancomycin 5%				
MEDICAL SPECIALIST/ MEDICAL OFFICER		PHARMACIST		REMARKS	

Kindly fill up and submit the form to TPN Unit, Pharmacy Department **before 11am** in order for patient to collect the eye drop on the same day. **Any order after 11am will proceed on next working day.** TPN & Sterile Preparation Unit is not available on weekends and public holidays.

Pharmacy Use Only

Date	Type of Eye Drop	Quantity	Batch No. & Expiry Date	Prepared by	Remarks