Serum Drawing Labs

Call Lab for appointments

Long Island (Suffolk)

Stony Brook Labs
3 Technology Drive
Suite 600, 1st floor
East Setauket, NY 11733
631-444-4033

Stony Brook Hospital
101 Nichols Road
Lower Floor #3
Stony Brook, NY 11974

Guardian Clinical Labs
232 E. Main St
Suite #1
Huntington, NY 11743
631-424-1807

Brentwood PSC
5 Wicks Rd
2nd Floor
Brentwood, NY 11717
P-718-232-1515 ext-712
F-631-388-5420

Riverhead PSC
1149 Old Country Rd
Riverhead, NY 11901
P-718-232-1515 ext-717
F-631-284-9737

Long Island (Nassau)

Neuro Pain Care, PC
61 Jericho Turnpike
Jericho, NY 11753
516-544-8899

Queens

Astoria PSC
23-08 30th Avenue
2nd Floor
P-718-232-1515 ext-711
F-929-328-0274

Jamaica Avenue PSC
76-02 Jamaica Avenue
Suite 3 (enter on 76th st)
P-718-232-1515 ext-704
F-347-644-5041

St. Nicholas Avenue PSC
311 St. Nicholas Avenue
(corner of Gates Ave)
P-718-232-1515 ext-707
F-347-763-2364

Forest Hills PSC
70-31A 108th St
Forest Hills, NY 11375
P-718-232-1515 ext-706
F-917-300-6067

Liberty Avenue PSC
131-08 Liberty Avenue
Richmond Hill, NY 11419
P-718-232-1515 ext-713
F—347-644-1571

Brooklyn

Main Laboratory PSC
1857 86th Street
Brooklyn, NY 11214
P-718-232-1515 ext-700
F-718-232-1550

13th Avenue PSC
7411 13th Avenue
Brooklyn, NY 11228
P-718-232-1515 ext-701
F-347-909-7807

Brighton PSC
3048 Brighton 1st Street
Brooklyn, NY 11235
P-718-975-3737
F-718-975-3738

Schenectady PSC
612 Schenectady Ave
Brooklyn, NY 11212
P-718-232-1515 ext-708
F-347-406-8088

7th Avenue PSC
5423A 7th Avenue
Lower Level
Brooklyn, NY 11220
P-718-232-1515 ext-709
F-646-852-6432

Kings Highway PSC
1729 East 12th Street
Brooklyn, NY 11229
P-718-232-1515 ext-702
F-718-483-9373

Yonkers

Yonkers PSC
1019 Yonkers Avenue
Yonkers, NY 10704
P-718-232-1515 ext-714
F-914-200-5364

Manhattan

Wadsworth Avenue PSC
111 Wadsworth Avenue
New York, NY 10033
P-718-232-1515 ext-718
F-718-232-1550

Mott Street PSC
128 Motts Street, 4th Floor
New York, NY 10013
P-718-232-1515 ext-720
F-718-232-7550

plz fax to Pharmacy

415 Crossways Park Drive
Suite B
Woodbury, NY 11797
P. 516-249-7436
F. 516-249-7437

www.towntotalcompound.com

Autologous Serum Eye Drop Reference Form

Patient Name _____ Date of Birth _____ Sex _____

Patient Address _____ City _____ State _____ Zip _____
NO P.O. BOX- STREET ADDRESS ONLY

Phone Number _____ Alternate Phone _____ Email _____

Allergies _____ Diagnosis _____ Code _____

Ship To Address

Name or Clinic _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Compounded Medication

Autologous Serum Eye Drops 20% _____

SIG: Instill 1 Drop in Both Eyes 4 Times a Day

ALTERNATE SIG: _____

DISPENSE: _____ **Mls** **REFILLS:** _____

PRESCRIBER SIGNATURE: _____ **DATE:** _____

Prescribing Physician Verification

I have reviewed my patient's medical record and determine the medication(s) / supplies ordered are medically necessary. I verify I have examined and diagnosed the patient as indicated above. I will comply with state and federal documentation requirements by retaining a copy of the order in the patient's medical record. The prescription is to be dispensed as written unless otherwise instructed by me.

I understand that this form is for reference only and does not constitute a legal New York State Prescription.

THIS FORM IS FOR YOUR REFERENCE, ONE OF OUR COMPOUNDING SPECIALISTS WILL CONTACT YOU FOR CLARIFICATION

FAX: 516-249-7437

DEA # _____ NPI _____ Printed Prescriber Name: _____

Prescriber Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Phone _____ Person Faxing _____

First order: please fax patient demographics (current insurance & address information) & include current medications and allergies

BRING THIS FORM TO THE LAB

Collection for Chronic Dry Eyes-Serum Dry Eyes

Patient Information:

Provider: _____

Provider Signature: _____

Phone: _____

Fax: _____

Facility: _____

1) Patient will present to the lab with this form, stating that they need to have labs drawn for chronic dry eyes that will be sent to Town Total Compounding Center.
2) Patient will be registered to the "LAB" by Central Registration (Patient Access Staff) and must be billed as a SELF PAY. DO NOT BILL THE PATIENTS INSURANCE FOR THIS CHARGE.
3) Patient will pay $60.00 for blood draw/collection fee
4) Phlebotomist will collect "3" 10cc Red Top Tubes. A minimum of 10cc of serum is required.
5) Allow tubes to clot (approximately 20 minutes).
6) Centrifuge the tubes for 10 minutes.
7) Label tubes appropriately, freeze the serum or return to the patient on ice.
8) Lab staff will call 516-249-7436 for specimen pick up. OR
9) Patient may bring the prepared sample to Town Total Compounding Center the same day on ice or Ship on ice to Town Total Compounding Center, along with a copy of this form.
10) ***FED EX PRIORITY OVERNIGHT:***

Town Total Compounding Center

415 Crossways Park Drive, Suite B

Woodbury, N.Y. 11797

516-249-7436

eye2018