

AFTER SURGERY DROPS

Start these drops after your procedure in the operative eye.

ZYMAXID / Generic: GATIFLOXACIN (Antibiotic): Use 4 X per Day in your procedure eye for 1 week.



DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
*	*	*	*	*	*	*

****Helpful Hint: Morning, Lunch, Dinner, and Bedtime.**

wait 5 minutes between drops * wait 5 minutes between drops *** wait 5 wait minutes between drops***

BROMSITE (Anti-inflammatory): 2 x A Day (AM & PM) for 4 weeks do not discard **Helpful Hint: Morning & Bedtime.



Week 1: USE 2 x A Day

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PRED FORTE / Generic: Prednisolone (Steriod):

SHAKE WELL BEFORE EACH USE

Week 1: 4 x A Day



DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

****Helpful Hint: Morning, Lunch, Dinner, and Bedtime.**



BROMSITE (Anti-inflammatory): 2 x A Day (AM & PM) for 4 weeks do not discard **Helpful Hint: Morning & Bedtime.****

Week 2: USE 2 x A Day

DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Week 3: USE 2 x A Day

DAY 15	DAY 16	DAY 17	DAY 18	DAY 19	DAY 20	DAY 21
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Week 4: USE 2 x A Day

DAY 22	DAY 23	DAY 24	DAY 25	DAY 26	DAY 27	DAY 28
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

****wait 5 minutes between drops *** wait 5 minutes between drops *** wait 5 wait minutes between drops*****



PRED FORTE / Generic: Prednisolone (Steriod): **SHAKE WELL BEFORE EACH USE**

Week 2: USE 3 x A Day

DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 3: USE 2 x A Day

DAY 15	DAY 16	DAY 17	DAY 18	DAY 19	DAY 20	DAY 21
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Week 4: USE 1 x A Day

DAY 22	DAY 23	DAY 24	DAY 25	DAY 26	DAY 27	DAY 28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>