TEAM OPHTHALMOLOGIST

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SCHWARTZ LASER EYE CENTER

TEAM LASIK SURGEON

START THESE DROPS AFTER YOUR *KAMRA INLAY / PRK* Procedure

~~~ Restasis will be used TWO (2) times a day (AM / PM) for 90 days from your Procedure date ~~~

ZYMAXID (Approved Generic: Gatifloxacin) **– (4x A DAY)**

WEEK 1 – (4x A DAY)

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

PROLENSA ***WEEK 1 – (1x A DAY)***

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
☐	☐	☐	☐	☐	☐	☐

PRED FORTE (Approved Generic: Prednisolone) - **(TAPER AS FOLLOWS)**

WEEK 1 – (4x A DAY)

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

Discontinue use of *ZYMAXID (Gatifloxacin) and PROLENSA* AFTER week 1. (Unless directed otherwise by your Physician)

Continue using Pred Forte (Prednisolone) as listed on *KAMRA INLAY / PRK DROP SCHEDULE weeks 2 thru 12*.

(480) 483-3937

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