



TEAM
OPHTHALMOLOGIST



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OPHTHALMOLOGIST



SCHWARTZ
LASER EYE CENTER



TEAM
LASIK SURGEON

(Page 2 of 3 **KAMRA Inlay / PRK** Drop Schedule)

Starting Week 2 of your Drop Schedule Discontinue ZYMAXID & PROLENSA - Continue using PRED FORTE (Prednisolone) as listed below (Unless otherwise directed by your Physician)

Continue using Restasis TWO (2) times a day (AM / PM) for 90 days from your Procedure date



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

WEEK 2 - (3x 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"/>

WEEK 3 - (3x 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"/>

WEEK 4 - (3x 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"/>

----- DISCONTINUE USE OF PRED FORTE (Prednisolone) ----- BEGIN using FML -----



FML (Fluorometholone Ophthalmic Suspension) - (TAPER AS FOLLOWS)

WEEK 5 - (3x 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"/>

WEEK 6 - (3x 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"/>

WEEK 7 - (3x 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"/>

Continue with weeks 8 thru 12 on Reverse ->

(480) 483-3937

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FML (Fluorometholone Ophthalmic Suspension) – (TAPER AS FOLLOWS)

WEEK 8 – (3x A DAY)

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

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WEEK 9 – (2x A DAY)

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

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WEEK 10 – (2x A DAY)

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

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WEEK 11 – (2x A DAY)

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

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WEEK 12 – (2x A DAY)

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

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