



TEAM
OPHTHALMOLOGIST



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OPHTHALMOLOGIST



SCHWARTZ
LASER EYE CENTER



TEAM
LASIK SURGEON

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

Starting Week 2 of your Drop Schedule Discontinue Zymaxid & Pred Forte – Begin using FML 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



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

WEEK 2 – (4x 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"/>	- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

WEEK 3 – (4x 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"/>	- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

WEEK 4 – (4x 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"/>	- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Taper to **THREE** times a day

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"/>	- <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"/>	- <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"/>	- <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

□ □ □ - □ □ □ - □ □ □ - □ □ □ - □ □ □ - □ □ □ - □ □ □

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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