

Eye Drop Treatment Calendar
(Start drops 3 days before surgery in operative eye)

1 drop in the LEFT EYE Right EYE

3 days prior to surgery:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3X a Day

2 days prior to surgery:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3X a Day

1 day prior to surgery:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3X a Day



Day of surgery start this schedule: (take AM dose morning of surgery)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
Week 1 Surgery Day →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day
Week 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3X a day
Week 3	<input type="checkbox"/> <input type="checkbox"/> 2X a day	<input type="checkbox"/> <input type="checkbox"/> 2X a day	<input type="checkbox"/> <input type="checkbox"/> 2X a day	<input type="checkbox"/> <input type="checkbox"/> 2X a day	<input type="checkbox"/> <input type="checkbox"/> 2X a day	<input type="checkbox"/> <input type="checkbox"/> 2X a day	<input type="checkbox"/> <input type="checkbox"/> 2X a day	<input type="checkbox"/> <input type="checkbox"/> 2X a day
Week 4	<input type="checkbox"/> 1X a day	<input type="checkbox"/> 1X a day	<input type="checkbox"/> 1X a day	<input type="checkbox"/> 1X a day	<input type="checkbox"/> 1X a day	<input type="checkbox"/> 1X a day	<input type="checkbox"/> 1X a day	<input type="checkbox"/> 1X a day

*Check box when drop is administered.

Continue all normally prescribed eye drops.

You can go online Payfordrops.com or call 1-844-446-6979 Imprimis with payment. Call our surgical coordinator 585-342-7985 if you don't receive the drops 1 week before surgery. If you develop pain, pus, decreased vision, swollen lids or redness, please contact Rochester Eye and laser Center immediately 585-232-2560.

***It's very important to only use one drop for each dose. If you waste drops when administering you will need an extra bottle. Please be aware how much you have left so you can call to order a refill prior to running out. It takes 3-5 business days to get the drop delivered to your house.**