EYE DROP MEDICATION SCHEDULE

Patient Name:

Date of Surgery:

RIGHT EYE:

LEFT EYE:

Eye Drop Schedule Instructions:

Patients please check off each drop after it is dispensed.







MOXIFLOXACIN DEXAMETHASONE KETOROLAC Day: Week 1: Drops Per 8 12 5 9 8 12 5 9 8 12 5 9 9 12 9 8 12 5 9 12 5 8 5 8 AM 12 PM 5 PM 9 PM Drop Name Day PM AM PM AM AM AM AM PM PM AM PM PM PM MOXIFLOXACIN 4 times DEXAMETHASONE 4 times KETOROLAC 4 times П Week 2: Day: Drops Per 12 5 Drop Name 8 AM 12 PM 5 PM 9 PM Day AM PM PM PM AM PM PM РМ AM РМ PM РМ AM РМ PM PM AM PM PM PM AM PM PM PM DEXAMETHASONE 4 times П П П **KETOROLAC** 4 times Week 3: Day: 12 5 8 12 5 9 8 12 5 9 12 8 12 5 9 8 12 5 Drops Per 5 8 AM 12 PM 5 PM 9 PM Drop Name PM AM PM PM AM PM PM PM Day DEXAMETHASONE 3 times KETOROLAC 4 times Week 4: Day: Drops Per 8 12 5 9 8 12 5 9 8 12 5 9 8 12 5 9 8 12 5 9 8 12 5 9 8 AM 12 PM 5 PM 9 PM Drop Name Day ΑM PM PM PM AM PM PM PM DEXAMETHASONE 2 times KETOROLAC 4 times Week 5: Day: 12 12 12 12 9 Drops Per 5 9 8 12 5 9 5 8 5 9 5 8 AM 12 PM Drop Name 5 PM 9 PM Day AM PM PM AM AM PM PM PM PM PM AM PM PM PM PM PM PM PM AM PM PM PM AM DEXAMETHASONE 1 times П KETOROLAC



Wait 3-5 minutes between different drops.