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EYE DROP SCHEDULE						
Right Left	NSAID Prolensa, BromSite, <u>or</u> Ilevro (Grey Cap)	Steroid Prednisolone, <u>or</u> Lotemax (Pink or White Cap)	Antibiotic Moxifloxacin, Gatifloxacin, Ofloxacin, <u>or</u> Ciprofloxacin (Tan or Beige Cap)			
3 days prior to Surgery Start Date: _____	Once a day <table border="1" style="width: 100px; height: 20px; margin: 0 auto;"><tr><td> </td><td> </td><td> </td></tr></table>				DO NOT USE UNTIL AFTER SURGERY	

**** Wait at least 5 minutes in-between drops ****

Day of Surgery	One Drop	Every 2 hrs after surgery Until bed	Every 2 hrs after surgery Until bed																																																						
Directions After Surgery Start Date: _____	Once a day for 4 weeks	4x a day for 2 weeks then 2x a day for 2 weeks	4x a day for 1 week																																																						
1 st week after surgery	Once a day <table border="1" style="width: 60px; height: 60px; margin: 0 auto;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>							4x a day <table border="1" style="width: 100px; height: 60px; margin: 0 auto;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																									4x a day <table border="1" style="width: 100px; height: 60px; margin: 0 auto;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																								
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Use artificial tears (Systane: sample given, Refresh, Thera Tears) up to 4x a day as needed.