

Date of Surgery: _____

RIGHT EYE

LEFT EYE

YOU MAY DISREGARD THE DROPS THAT YOU HAVE NOT BEEN PRESCRIBED

BEFORE SURGERY		Ciprofloxacin (TAN cap)		Bromfenac (GRAY cap)	Ketorolac (GRAY cap)	
	3 days before surgery	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM		<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	
	2 days before surgery	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM		<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	
	1 day before surgery	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM		<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	

WEEK #1		Ciprofloxacin (TAN cap)	Prednisolone (PINK or WHITE cap) *SHAKE WELL*	Bromfenac (GRAY cap)	Ketorolac (GRAY cap)	Durezol (PINK cap) *SHAKE WELL*
	Day #1 after surgery	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM
	Day #2 after surgery	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM
	Day #3 after surgery	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM
	Day #4 after surgery	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM
	Day #5 after surgery	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM
	Day #6 after surgery	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM
	Day #7 after surgery	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM

RIGHT EYE

LEFT EYE

		Ciprofloxacin (TAN cap)	Prednisolone (PINK or WHITE cap) *SHAKE WELL*	Bromfenac (GRAY cap)	Ketorolac (GRAY cap)	Durezol (PINK cap) *SHAKE WELL*
WEEK #2	Day #8 after surgery	STOP	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM
	Day #9 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM
	Day #10 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM
	Day #11 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM
	Day #12 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM
	Day #13 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM
	Day #14 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM

RIGHT EYE

LEFT EYE

			Prednisolone (PINK or WHITE cap) *SHAKE WELL*	Bromfenac (GRAY cap)	Ketorolac (GRAY cap)	Durezol (PINK cap) *SHAKE WELL*
WEEK #3	Day #15 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM
	Day #16 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM
	Day #17 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM
	Day #18 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM
	Day #19 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM
	Day #20 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM
	Day #21 after surgery		<input type="checkbox"/> 8:00 AM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM

RIGHT EYE

LEFT EYE

WEEK #4			Prednisolone (PINK or WHITE cap) *SHAKE WELL*	Bromfenac (GRAY cap)	Ketorolac (GRAY cap)	Durezol (PINK cap) *SHAKE WELL*
	Day #22 after surgery		<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM
	Day #23 after surgery		<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM
	Day #24 after surgery		<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM
	Day #25 after surgery		<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM
	Day #26 after surgery		<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM
	Day #27 after surgery		<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM
	Day #28 after surgery		<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 8:00 AM <input type="checkbox"/> Noon <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 8:00 PM	<input type="checkbox"/> 8:00 AM

WEEK #5			Prednisolone (PINK or WHITE cap) *SHAKE WELL*	Bromfenac (GRAY cap)	Ketorolac (GRAY cap)	Durezol (PINK cap) *SHAKE WELL*
	Day #29 after surgery		STOP	STOP	STOP	STOP