

DROP SCHEDULE FOR MONDAY LASIK PATIENTS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	DATE: _____ / _____ / _____			<input type="checkbox"/> Receive surgery arrival time	<input type="checkbox"/> Remember to <u>fill Vigamox</u> prescription before your surgery day!	<input type="checkbox"/> Omnipred 3 times <input type="checkbox"/> Vitamin C 2 times
<input type="checkbox"/> Omnipred 3 times <input type="checkbox"/> Vitamin C 2 times <input type="checkbox"/> Lid scrubs in the evening	<p style="text-align: center;">Before Surgery:</p> <input type="checkbox"/> Lid scrubs <input type="checkbox"/> Omnipred 1 time <input type="checkbox"/> Vitamin C 1 time <hr/> <p style="text-align: center;">After Surgery:</p> <input type="checkbox"/> Sleeping pill - Sleep 4-6 Hours <input type="checkbox"/> Omnipred 1 time <input type="checkbox"/> Vigamox 1 time <input type="checkbox"/> Artificial Tears	<p style="text-align: center;">1 day Post-op</p> <input type="checkbox"/> Omnipred and Vigamox 3 times a day: breakfast, lunch & dinner <input type="checkbox"/> Artificial tears (preservative free) at least 6 times	<input type="checkbox"/> Omnipred & Vigamox 3 times <input type="checkbox"/> Artificial tears 4-6 times a day (preservative free)	<input type="checkbox"/> Omnipred & Vigamox 3 times <input type="checkbox"/> Artificial tears 4-6 times a day (preservative free)	<input type="checkbox"/> Omnipred & Vigamox 3 times <input type="checkbox"/> Artificial tears 4-6 times a day (preservative free)	<input type="checkbox"/> Omnipred & Vigamox 3 times <input type="checkbox"/> Artificial tears 4-6 times a day (preservative free)
<input type="checkbox"/> Omnipred & Vigamox 3 times <input type="checkbox"/> Artificial tears 4-6 times a day (preservative free)	<input type="checkbox"/> Omnipred & Vigamox 3 times <input type="checkbox"/> Artificial tears 4-6 times a day (preservative free)	<p style="text-align: center;"><u>Stop Vigamox</u></p> <input type="checkbox"/> Omnipred 3 times <input type="checkbox"/> Artificial tears 4-6 times a day (preservative free)	<input type="checkbox"/> Omnipred 3 times <input type="checkbox"/> Artificial tears 4-6 times a day (preservative free)	<input type="checkbox"/> Omnipred 3 times <input type="checkbox"/> Artificial tears 4-6 times a day (preservative free)	<input type="checkbox"/> Omnipred 3 times <input type="checkbox"/> Artificial tears 4-6 times a day (preservative free)	<input type="checkbox"/> Omnipred 3 times <input type="checkbox"/> Artificial tears 4-6 times a day (preservative free)
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Reminders:

1. DO NOT RUB or PUSH on your eyes this entire month!
2. Make sure your artificial tears are preservative free for the first 2 weeks.
3. Do your best to attend all of your post op visits so we can follow your progress.

