LASIK Post-Operative Drop InstructionsPlease bring <u>all</u> post-operative drops to your 1 day and 1 week appointment for review.

Instructions: Start date:	Drop na	ombination Drops – to be provided by your Patient Counselor ame – Prednisolone/Gatifloxacin Ophthalmic Solution or – Grey	
Week #1: apply 1 drop 3 times per day in the eye that had surgery. Then discontinue. Week #1-4: may use preservative free artificial tears as needed. OR	Instruc	tions: Start date: End date:	
Individual Drops — to be filled and provided by your Pharmacy **You must pick up all 2 drops from your pharmacy prior to LASIK surgery** **Apply drops a minimum of 3 minutes apart** 1. Drop name — Ofloxacin or Besivance			3.5mL Sterille Ophthalmic Diops Melatedone Phosphate Gatiffissis
Individual Drops – to be filled and provided by your Pharmacy **You must pick up all 2 drops from your pharmacy prior to LASIK surgery** **Apply drops a minimum of 3 minutes apart** 1. Drop name – Ofloxacin or Besivance Cap color – Tan Instructions: Week #1 – use 1 drop 3 times per day for 1 week in the surgical eye. Then discontinue. 2. Drop Name – Lotemax Gel or Prednisolone Acetate Cap color – Pink or white Instructions: Start date: End date: Week #1 – use 1 drop 3 times per day in the eye that had surgery. SHAKE BOTTLE. Then discontinue. 3. Preservative Free Artificial Tears Recommended Brands – Refresh, Systane, Thera Tear Instructions:] Week#	1-4: may use preservative free artificial tears as needed.	Ophthalmic Solution New York N
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If you have new pain or a sudden decrease in vision please call DLV or your co-managing optometrist