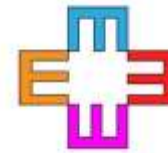


<b>Name:</b>		
<b>Surgery Dates</b>	<b>RIGHT:</b>	<b>LEFT:</b>



**STUDIO**  
eye care

Good luck with your upcoming cataract surgery! To have the safest surgery & best outcome, it is imperative that you follow the schedule of eyedrops outlined by your surgeon. Because there are many drops to keep track of, I have put together a handy DROP SCHEDULE  
NOTE: This is blank template. Because drug names/doses vary, please set-up with your schedule.

Use this schedule by personalizing (drop name and #/day) & then ticking off each time you instill a drop. E.g. "4 x day" =



**RIGHT EYE**

**Antibacterial**  
(e.g. Zymar)



(Steroid)  
**Anti-Inflammation**  
(e.g. Prednisolone)



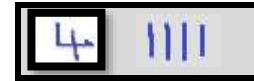
(Non-steroid)  
**Anti-Inflammation**  
(e.g. Nevanac)  
(not always required)



**Pressure Control**  
(e.g. Lumigan HS)  
(not always required)

My Drops >			
<b>Beginning 3 days before Surgery</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 1 After Surgery</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 2 After Surgery</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 3 After Surgery</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 4 After Surgery</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use this schedule by personalizing (drop name and #/day) & then ticking off each time you instill a drop. E.g. "4 x day" =



**LEFT EYE**

**Antibacterial**  
(e.g. Zymar)



(Steroid)  
**Anti-Inflammation**  
(e.g. Prednisolone)



(Non-steroid)  
**Anti-Inflammation**  
(e.g. Nevanac)  
(not always required)



**Pressure Control**  
(e.g. Lumigan HS)  
(not always required)

My Drops >	Antibacterial	(Steroid) Anti-Inflammation	(Non-steroid) Anti-Inflammation	Pressure Control
Beginning 3 days before surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 1 After surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2 After surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3 After surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4 After Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You will have a follow-up schedule defined based on how your surgery goes.

Good Luck - You will do great!