






PRK/PTK POST-OPERATIVE INSTRUCTIONS PAGE 1 OF 2

Below, you will find a guide to help you administer your post-operative medication. **Please use the drops in the order they are listed.**

| Medication | DAY 1 (Day of procedure) | DAY 2 | DAY 3 | DAY 4 | DAY 5 | DAY 6 | DAY 7 | |
|---|--|--|---|---|---|---|---|--|
| ZYMAR (beige cap) 1 drop  | 4 times a day <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | 4 times a day, until 1 day after the bandage contact lens is removed <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | |
| ACUVAIL 1 drop  | 2 times a day <input type="checkbox"/> _____ <input type="checkbox"/> _____ | 2 times a day <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner | | | | | | |
| MAXIDEX (white cap) 1 drop <i>Shake well before using</i>  | 4 times a day <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | 4 times a day, until 1 day after the bandage contact lens is removed <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | |
| HYDRASENSE 1 drop  | 4 times a day <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | 4 times a day <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime | |
| TYLENOL 3 1 - 2 tablets or GENERIC | Use as needed. 1-2 tablets every 6 hours for the first 4 days. <i>These pills should be used to help prevent and relieve pain.</i> | | | | | | | |
| GRAVOL 1 tablet | Use as needed. Every 6 hours for the first 4 days. | | | | | | | |
| DILUTE ALCAINE 1 drop  | Use as needed. Apply up to 1 drop per hour if you are experiencing moderate pain. Do not use it for more than 48 hours. | | | | | | | |

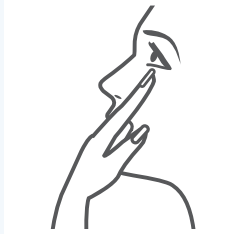
If you experience increasing pain or a significant decrease in your vision after your laser vision correction procedure, please advise us immediately by calling: _____ Emergency line (after business hours only): _____

How to apply your eye drops:



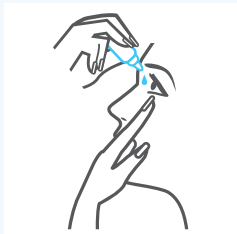
STEP 1

- Gently wash your hands with soap and water.



STEP 2

- Tilt your head back.
- Pull your lower eyelid down until it makes a pocket.



STEP 3

- Look upwards and place a single eye drop into the pocket, while trying not to blink.

Avoid touching your eye or eyelid with the tip of the eye drop bottle, so as not to contaminate its contents.



STEP 4

- Close your eye gently without squeezing for 20 seconds.
This ensures the medication stays in the eye longer, thus making it more effective.
- Wait at least five (5) minutes between different drops.