

# LASIK Drops Instruction Sheet

LessDrops

WHICH EYE(S)



SHAKE WELL !!!

Administer **ONLY 1 (ONE)** drop of medication into the operative eye(s)

DAY OF Sx

Dinner Bedtime

<input type="checkbox"/>	<input type="checkbox"/>
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	Breakfast	Lunch	Dinner	Bedtime
<u>Day 1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Day 2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Day 3</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Day 4</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Day 5</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Day 6</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Day 7</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To be purchased on the day of surgery at the Cumming clinic

**\$50.00**