


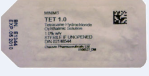


ALL-LASER LASIK POST-OPERATIVE INSTRUCTIONS

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"/> 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		
MAXIDEX (white cap) 1 drop <i>Shake well before using</i> 	Every hour until bedtime	4 times a day					
	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<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		<i>You may experience an aftertaste in your throat - this is normal.</i>
SYSTANE ULTRA HYDRATION (green label) 1 drop 	Every hour until bedtime	4 times a day, for the first week. After one week, follow your eye care professional's directions.					
	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<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
TETRACAINE MINIMS (Small clear tube "TET") 1 drop <i>Maximum 6 times per day</i> 	Use only if you experience severe pain. May be used at night-time before bed.						

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:



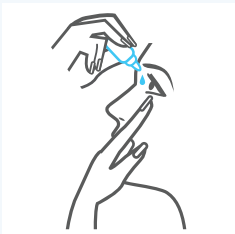
STEP 1

- 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.