



Niagara Falls Office
 6500 Porter Road, Suite 2020
 Niagara Falls, NY 14304
 716-282-1114 · Fax 716-282-0523

Amherst Office
 2825 Niagara Falls Blvd., Suite 130
 Amherst, NY 14228
 716-564-2020 · Fax 716-564-2060

Date _____ **RIGHT** **LEFT** Eye

Your next appointment is _____ @ _____ AM / PM
 Amherst / Niagara Falls

STARTING DAY 2

(Please wait approximately 2 minutes between different types of eye drops)

(Gray Top)

Diclofenac Ketorolac Prolensa Ilevro

_____ times a day until the bottle is finished.

Ofloxacin

(Tan Top)

Besivance

(Tan Top)

Polytrim

(White or Clear Top)

_____ times a day for 7 days

(Shake well)

**Prednisolone
 Acetate 1%**

(Pink or White Top)

Lotemax

Durezol

_____ times a day, 1st week
 _____ times a day, 2nd week
 _____ times a day, 3rd week
 _____ times a day, 4th week until finished

REMINDER: Please wear the eye shield for _____ nights.

Any questions about your eye drops, call our Surgical Counseling Department
 Niagara Falls 282-7514 Amherst Office 565-6902



Niagara Falls Office

6500 Porter Road, Suite 2020
Niagara Falls, NY 14304
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Date _____ **RIGHT** **LEFT** Eye

Your next appointment is _____ @ _____ AM / PM

Amherst / Niagara Falls

STARTING DAY 2

(Please wait approximately 2 minutes between different types of eye drops)

(Gray Top)

Diclofenac **Ketorolac** **Prolensa** **Ilevro**

3 times a day until the bottle is finished.

Ofloxacin

(Tan Top)

3 times a day for 7 days

Besivance

(Tan Top)

Polytrim

(White or Clear Top)

(Shake well)

Prednisolone
Acetate 1%

(Pink or White Top)

Lotemax

Durezol

3 or 4 times a day, 1st week
3 times a day, 2nd week
2 times a day, 3rd week
1 times a day, 4th week until finished

REMINDER: Please wear the eye shield for 5 nights.

Any questions about your eye drops, call our Surgical Counseling Department
Niagara Falls 282-7514 Amherst Office 565-6902