

**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

(Shake well)

IMPRIMIS EYE DROP
(Purple Top)

_____ times a day, 1st week

_____ times a day, 2nd week

_____ times a day, 3rd week

_____ times a day, 4th week

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

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

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

(Shake well)

IMPRIMIS EYE DROP

(Purple Top)

(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

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