



# SIEMS LASIK & EYE CARE CENTER

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	DAY OF SURGERY	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Week 1	<b>ZYMAR</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>ZYMAR</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>ZYMAR</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>ZYMAR</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>ZYMAR</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>ZYMAR</b> STOP	<b>ZYMAR</b> STOP
	<b>PRED FORTE</b> 1 drop every 2 hours	<b>PRED FORTE</b> 1 drop every 2 hours	<b>PRED FORTE</b> 1 drop every 2 hours	<b>PRED FORTE</b> 1 drop every 2 hours	<b>PRED FORTE</b> 1 drop every 2 hours	<b>PRED FORTE</b> 1 drop every 2 hours	<b>PRED FORTE</b> 1 drop every 2 hours
	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>
Week 2	<b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Week 3	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Week 4	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>
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Week 5	<b>PRED FORTE</b> 1 time per day <input type="checkbox"/>	<b>PRED FORTE</b> 1 time per day <input type="checkbox"/>	<b>PRED FORTE</b> 1 time per day <input type="checkbox"/>	<b>PRED FORTE</b> 1 time per day <input type="checkbox"/>	<b>PRED FORTE</b> 1 time per day <input type="checkbox"/>	<b>PRED FORTE</b> 1 time per day <input type="checkbox"/>	<b>PRED FORTE</b> 1 time per day <input type="checkbox"/>
	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>
Week 6	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ACULAR LS</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>

Optive Sensitive - As needed

