

MIGS DROP SHEET - CHECK OFF THE BOXES AS YOU TAKE EACH DROP

Eye drops may be placed in any order, but separated by 10 minutes		Prednisolone Acetate OR Pred-forte OR Durezol				Moxifloxacin OR Ofloxacin OR Vigamox OR Besivance			
	Day before surgery					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	At home: morning of surgery					<input type="checkbox"/>			
Week 1	Day 1 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 2 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 3 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 4 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 5 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 6 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 7 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2	Day 8 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Day 9 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Day 10 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Day 11 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Day 12 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Day 13 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Day 14 after surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Week 3	Day 15 after surgery	<input type="checkbox"/>	<input type="checkbox"/>						
	Day 16 after surgery	<input type="checkbox"/>	<input type="checkbox"/>						
	Day 17 after surgery	<input type="checkbox"/>	<input type="checkbox"/>						
	Day 18 after surgery	<input type="checkbox"/>	<input type="checkbox"/>						
	Day 19 after surgery	<input type="checkbox"/>	<input type="checkbox"/>						
	Day 20 after surgery	<input type="checkbox"/>	<input type="checkbox"/>						
	Day 21 after surgery	<input type="checkbox"/>	<input type="checkbox"/>						
Week 4	Day 22 after surgery	<input type="checkbox"/>							
	Day 23 after surgery	<input type="checkbox"/>							
	Day 24 after surgery	<input type="checkbox"/>							
	Day 25 after surgery	<input type="checkbox"/>							
	Day 26 after surgery	<input type="checkbox"/>							
	Day 27 after surgery	<input type="checkbox"/>							
	Day 28 after surgery	<input type="checkbox"/>							
Week 5	Day 29 after surgery	<input type="checkbox"/>							
	Day 30 after surgery	<input type="checkbox"/>							
	Day 31 after surgery	<input type="checkbox"/>							
	Day 32 after surgery	<input type="checkbox"/>							
	Day 33 after surgery	<input type="checkbox"/>							
	Day 34 after surgery	<input type="checkbox"/>							
	Day 35 after surgery	<input type="checkbox"/>							
	Day 36 after surgery	<input type="checkbox"/>							
Done!									