

Patient Name: \_\_\_\_\_  
Date of Surgery: \_\_\_\_\_

1 day post op appointment: \_\_\_\_\_ @ \_\_\_\_\_ with Dr. \_\_\_\_\_  
Contact Person Name/Phone #: \_\_\_\_\_



## **Post-Operative Guidelines for ICL Patients - Dr. Fox**

### **For the first week following your procedure:**

- You may experience light sensitivity, burning/stinging, and tearing
- DO NOT rub or push on the treated eye(s)
- DO NOT work out or lift heavy objects that cause you to strain
- NO eye makeup
- NO swimming, hot tubs or tanning
- Avoid dirty, dusty environments
- Wear eye shields when sleeping
- Wear sunglasses when outdoors
- You may drive when you feel comfortable doing so



### **PRED FORTE (Generic: Prednisolone Acetate) (SHAKE BOTTLE)**

One Drop **4** Times Daily (Breakfast/Lunch/Dinner/Bedtime) -  
for 1 week.

**Wait five (5) minutes then...**



### **ZYMAXID (Generic: Gatifloxacin)**

One Drop **4** Times Daily (Breakfast/Lunch/Dinner/Bedtime) -  
for 1 week.

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**Patient Signature:** \_\_\_\_\_

**Call ((212-838-1053) if you have any questions**