

Patient Name: Marc Bolling 1 day post op appointment: _____ @ _____ with Dr.

Date of Surgery: _____ Contact Person Name/Phone #: _____



Post Operative Guidelines and Restrictions for LASIK Patients - Dr. M. Fox, MD

For the first week following your procedure: Restrictions are provided to prevent infection

- 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** water, soap or shampoo in the eye(s)
- **NO** eye makeup - *it is highly recommended that you purchase new eyeliner and mascara to use after your procedure.*
- **NO** swimming, hot tubs or tanning
- Avoid dirty, dusty and smoky environments
- Wear eye shields when sleeping
- Wear sunglasses when outdoors
- You may resume driving when you feel confident and safe doing so. It is important to use good judgment.



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

One Drop **4** Times Daily (Breakfast/Lunch/Dinner/Bedtime) -
until instructed to discontinue use by the doctor.

Wait five (5) minutes then...

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ZYMAXID (Generic: Gatifloxacin) (SHAKE BOTTLE)

One Drop **4** Times Daily (Breakfast/Lunch/Dinner/Bedtime) -
until instructed to discontinue use by the doctor.

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



RESTASIS or XIIDRA

One Drop **2** Times Daily (Breakfast/Bedtime)

Restart the day following surgery and use until instructed to
discontinue by the doctor.

REFRESH OPTIVE ARTIFICIAL TEARS



Every hour while awake for 1st week, followed by 4-6 times daily
thereafter.

Patient Signature: _____

Call our office at (212) 838-1053) if you have any questions

Or you can reach **Dr. Fox directly at (917) 207-3147**