







START THESE DROPS AFTER YOUR KAMRA INLAY Procedure



ZYMAXID (Approved Generic: Gatifloxacin) – (4x A DAY)

<u>WEEK 1 – (4x</u> A	DAY)					
DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
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	PRE	D FORTE (Approved	d Generic: Prednisolon	ne) - (TAPER AS FOLL O	ows)	
<u>WEEK 1 – (4x A</u> DAY 1	<i>DAY)</i> DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
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Discontinue use of *ZYMAXID* (*Gatifloxacin*) and *PREDFORTE* (*Prednisolone*) AFTER week 1. (Unless directed otherwise by your Physician) Begin using FML as listed on <u>FML KAMRA INLAY Drop Schedule</u> to complete weeks 2 thru 12.

Please contact a Schwartz Laser Eye Center Employee at any time with questions or concerns regarding your drops.

(480) 483-3937 www.schwartzlaser.com