

Surgery Instructions:

You have been scheduled for surgery at the Columbia Eye Clinic Surgery Center at 1920 Pickens Street on Monday _____ at _____.

*******Do not eat or drink 6 hours before surgery arrival time*******

Family members please anticipate being there for 2 and half hours. Please do not come earlier there is limited space in the waiting area and this also will cut down on your wait time. Also, you **WILL** need someone to drive you and stay at the surgery center during your surgery to drive you home.

Please read through your surgery folder and complete the paperwork. You will need to go ahead and fill everything out and sign and date where necessary.

The following drop will be used for surgery. The prescription will be sent to the ImprimisRx pharmacy. The pharmacy will contact you within 24 business hours. The medication is shipped out as soon as payment is received during business hours. Standard shipping is free. If you need to contact the pharmacy they may be reached at 844-446-6979

Use drops in the operative eye... Right/Left

Prednisolone-Moxifloxacin-Bromfenac combination eye drop:

You will begin this drop **Friday** prior to surgery. Use one drop **3 times** a day. Use the day of surgery as well. Ex: breakfast-lunch-dinner