



brought to you by **imprimis** PHARMACEUTICALS

**RX START DATE**

**LEFT      RIGHT**

**PRE-OP    POST-OP**


Special Instructions:

**PATIENT NAME**

**PRESCRIBING PHYSICIAN NAME**

**SURGERY DATE**

**PHYSICIAN OFFICE CONTACT**

| Prescribed Formulation*  | Drops per Administration | Administrations per Day | Length of Treatment |
|--|--------------------------|-------------------------|---------------------|
|  <p><b>PRED-KETOR DROPS</b><br/>(Prednisolone acetate and ketorolac tromethamine)</p> |                          |                         |                     |
|  |                          |                         |                     |
|  |                          |                         |                     |

\*Compounded by a pharmacist pursuant to a prescription to meet the needs of individual patients. Representative formulation only; may be customized.

# REMINDERS

- 1. SHAKE WELL BEFORE EACH USE**
- 2. STORE OUT OF DIRECT SUNLIGHT**