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PHARMACEUTICALS

PATIENT NAME

PRESCRIBING PHYSICIAN NAME

SURGERY DATE


PHYSICIAN OFFICE CONTACT

RX START DATE

LEFT      RIGHT

PRE-OP    POST-OP

Special Instructions:

Prescribed Formulation*	Drops per Administration	Administrations per Day	Length of Treatment
 <p><b>PRED-MOXI DROPS</b> (Prednisolone acetate and moxifloxacin hydrochloride)</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