

Imprimis / Combo Drop Schedule

IMPRIMIS Prednisolone-Moxifloxacin-Nepafenac

Klarity Cyclosporine (lubricating drops for ORA or premium lens)



Have Drops Ready: For each eye you will have 1 bottle of Imprimis and 1 bottle of Klarity (if receiving an upgrade).

These drops can be picked up at any Eyesight office. Imprimis is not available at the surgery center or your pharmacy.

Morning of Surgery: Starting 1 hour before leaving home, use Imprimis eye drop every 15 minutes for a total of 4 doses. i.e. if you will be leaving home at 9:00 AM, use Imprimis at 8:00, 8:15, 8:30, and 8:45 AM. This applies **regardless of your drive time** to the surgery center.

Shake bottles before use. The Imprimis drop comes out quickly – tip bottle upside down and wait for drop to come out or tap the bottle gently. **Space out all drops by at least 5 minutes.** Do not share bottles between two eyes.

Beginning 1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER on

1 hour prior	45 minutes prior	30 minutes prior	15 minutes prior	After leaving the surgery center, use again at 12:00pm – 4:00pm – 8:00pm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

After Surgery: (4 times a day is roughly 8am, 12pm, 4pm, 8pm. 2 times a day is roughly 8am and 8pm)

Week 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
IMPRIMIS	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
IMPRIMIS	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
KLARITY (for ORA or premium lens)	2 times a day <input type="checkbox"/> <input type="checkbox"/>						

Week 3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
IMPRIMIS	2 times a day <input type="checkbox"/> <input type="checkbox"/>						
KLARITY (for ORA or premium lens)	2 times a day <input type="checkbox"/> <input type="checkbox"/>						

Week 4	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
IMPRIMIS	2 times a day <input type="checkbox"/> <input type="checkbox"/>						
KLARITY (for ORA or premium lens)	2 times a day <input type="checkbox"/> <input type="checkbox"/>						

Please bring your eye drops and this schedule to the surgery center and to all follow-up appointments.