

HOW TO USE YOUR EYEDROPS

Date: _____

Drops for: _____

DROP #1: Medication name: _____ Cap Color: _____
Instill one drop in: right eye left eye both eyes
_____ times a day or every _____ hours

DROP #2: Medication name: _____ Cap Color: _____
Instill one drop in: right eye left eye both eyes
_____ times a day or every _____ hours.

DROP #3: Medication name: _____ Cap Color: _____
Instill one drop in: right eye left eye both eyes
_____ times a day or every _____ hours.

Additional Instructions: _____
