



ISLAND CENTRE FOR VISION

Dr. William H. Johnston Inc.

Cataract and Corneal Surgery

PATIENT NAME: _____ DATE: _____

MEDICATION	6:00 am	8:00 am	10:00 am	12:00 pm	2:00 pm	4:00 pm	6:00 pm	8:00 pm	10:00 pm

PLEASE BRING ALL DROPS AND THIS MEDICATION SCHEDULE TO ALL APPOINTMENTS

Revised January 28, 2016/jb

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