Medication Checklist

Vet Vision Center

Date:

Medication Name & Frequency	5A	6A	7A	8A	9A	10A	11A	12P	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11P	12A	1A	2A	3A	4A
1.																								
☐ RIGHT EYE																								
☐ LEFT EYE																								
2.																								
☐ RIGHT EYE																								
☐ LEFT EYE																								
3.																								
☐ RIGHT EYE																								
☐ LEFT EYE																								
4.																								
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5.																								
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6.																								
☐ RIGHT EYE																								
☐ LEFT EYE																								
7.																								
☐ RIGHT EYE																								
☐ LEFT EYE																								
8.																								
☐ RIGHT EYE																								
☐ LEFT EYE																								

How to Use the Checklist:

- Write the name of the medication & the instructions next to the number,
- Check which eye (s) is to be given the medication (for oral medications, note “by mouth”)
- Place an “X” when the medication is due, circle the “X” when the treatment is completed!

Example:

Medication Name & Frequency	5A	6A	7A	8A	9A	10A	11A	12P	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11P	12A	1A	2A	3A	4A
1. Ofloxacin – 1 drop, RIGHT eye, 3 times daily																								
☒ RIGHT EYE		X								X								X					
☐ LEFT EYE																								

Medication Reminders:

- Wait 5 minutes between eye drops to allow the drop to be absorbed
- Eye medications should be continued until the recheck exam, unless otherwise instructed
- To request a refill, scan the QR code or call the office at (609) 418-EYES!

Scan to request a medication refill!

Vet Vision Center

Exceptional Eye Care is our Focus