



PARA MÁS INFORMACIÓN EN:
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NEWYES LASER ATTENDANCE REPORT

_____ de _____ de 200__

PATIENT: _____

DOCTOR

DATE OF TREATMENT: _____ de _____ de 200__

Session number:

RIGHT EYE : Test 1 session 2 session 3 session 4 session
 LEFT EYE : Test 1 session 2 session 3 session 4 session

Original eye color:

RIGHT EYE: Brown Honey Green Blue
 LEFT EYE: Brown Honey Green Blue

Post laser drugs:

RIGHT EYE: Antiinflammatory Antiglaucoma
 LEFT EYE: Antiinflammatory Antiglaucoma

SPECIAL RECOMMENDATIONS

- Wear sunglasses on the street
- Prohibited rub and scrub your eyes
- Prevent contaminated environments.
- Don't smoke, don't drink alcohol & keep calm

POST LASER SPECIFIC TREATMENT

COMBIGAN eye drops	1 drop / 12 hours (for 1 week)
NEVANAC eye drops	1 drop / 8 hours (for 1 week)
HYLO PARIN eye drops	1 drop / 8 hours (for 2-3 months)

CALL CENTER: 0034- 938102250

QUESTIONS TO DOCTOR: 0034-696-55 10 11