



CATARACT SURGERY EYE DROPS

OMNI COMBINATION DROP

Patient Name: _____

Acct #: _____

Your prescription has been sent to OSRX, INC. Here is what to expect next:

1. The pharmacy will be calling you soon to confirm payment information and shipping address.
 - This medication will cost \$35 and you will need 1 bottle per eye.
 - The pharmacy will call from an **out of state area code**.
2. You will receive your medication from **USPS in 3 business days**.
 - If you do not have your medication within 3 business days, please call OSRX, Inc. directly.
3. Call OSRX, Inc. if you run out of drops early or if you misplace them.
4. You can reach someone at OSRX, Inc at **1-855-466-1076**.

DIRECTIONS FOR USING CATARACT SURGERY DROPS

BRING YOUR DROPS WITH YOU TO SURGERY UNOPENED



(Prednisolone / Moxifloxacin / Bromfenac)
8 ML, Yellow Top

Day of Surgery: Place 1 drop into surgery eye with evening meal and again at bedtime.

Starting the day after surgery:
Place 1 drop into surgery eye 3 times a day for 3 weeks.

Patient Signature: _____

Date: _____