

# Prescriptions for Cataract Surgery

**Southeast Connecticut Eye Care LLC**

Tel: 860-373-4148 Fax 860-661-0180 Web: SEE-CARE.COM

☐ **Dr. Kevin B. Cranmer, MD**

License # CT044355      NPI # 1790740934

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Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**Rx:**

**Ketorolac 0.5%**

Start 1 day before surgery.

1 drop in surgical eye four times daily for 5 days, then decrease to 1 drop twice daily for 25 days.

Dispense 1 bottle, 2 refills.

**Prednisolone Acetate 1%**

1 drop in surgical eye four times daily for 5 days, then decrease to 1 drop twice daily for 25 days. Start after surgery

Dispense 1 bottle, 2 refills.

**Prescriber signature:** \_\_\_\_\_

# Prescriptions for Xen Stent with Cataract Surgery

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Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**Ketorolac 0.5%** 1 drop in surgical eye four times daily.

Follow your doctor's instructions after each post-operative visit

Dispense 1 bottle, 2 refills

**Gatifloxacin** 1 drop in surgical eye four times daily.

Unless your doctor says otherwise, you do not need to use your usual glaucoma drops in the eye with Xen stent

Dispense 1 bottle, 2 refills

**Durezol** (generic Difluprednate) 1 drop in surgical eye 4 times a day

Dispense 1 bottle, 3 refills

**\* If insurance does not cover please substitute with**

**Pred-Forte** (generic Prednisolone) 8 times a day

Dispense 1 bottle, 3 refills

**Prescriber signature:** \_\_\_\_\_