



**ORDERS**

ADDRESSOGRAPH

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**

**PRE / POST LASER TREATMENTS  
EYE CARE CENTRE – SECTION E**

(items with check boxes must be selected to be ordered)

**(Page 1 of 1)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Time  
Processed  
RN/LPN Initials  
Comments

**MEDICATIONS:**

**For Argon Laser Retinal Photocoagulation or Yag Laser Capsulotomy:**

Dilate pupil of:  Right eye.  Left eye.

tropicamide 1% eye drops, instil one drop into  Right eye.  Left eye.  
Q10MIN, until fully dilated.

**\*AND\***

PHENYLEphrine 2.5% eye drops, instil one drop into  Right eye.  Left eye.  
Q10MIN, until fully dilated.

**For Yag Laser Iridotomy:**

Constrict pupil of:  Right eye.  Left eye.

pilocarpine 2% eye drops, instil one drop into  Right eye.  Left eye, and repeat  
once if needed.

**Other:**

\_\_\_\_\_

**Post Laser:**

prednisolONE acetate 1% eye drops, instil one drop prior to patient discharge.

brimonidine tartrate 0.15% eye drops, instil one drop prior to patient discharge .

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_  
Printed Name  
Rev. Aug-09

\_\_\_\_\_  
College ID