GLAUCOMA MEDICATIONS

JOHN G. McHENRY, M.D., M.P.H., P.L.L.C.

Name: _____

Date: _____

WHICH EYE? RIGHT	WHICH EYE? LEFT	MEDICATION: NAME, STRENGTH (% or mg.), AND COLOR OF BOTTLE TOP	TIME OF DAY: a.m.	noon	mid after-noon	p.m.	bed-time
		PILOCARPINE 0.5 1 2 4 6 (green)					
		PHOSPHOLINE IODIDE 0.03 0.06 0.12 0.25 (green)					
		CARBACHOL 0.75 1.5 3 (green)					
		TIMOLOL (regular or XE) 0.25 (blue) 0.5 (yellow)					
		OCUPRESS 1 (white)					
		BETAGAN 0.25 (blue) 0.5 (yellow)					
		OPTIPRANOLOL 0.3 (white)					
		BETOPTIC (regular or S) 0.25 (light blue) 0.5 (blue)					
		IOPIDINE 0.5 (white)					
		PROPINE 0.1 (purple)					
		EPINEPHRINE 0.5 1 2 (white)					
		TRUSOPT 2 (orange)					
ORAL		DIAMOX 125 or 250 (white tablet) 500 (orange capsule)					
ORAL		NEPTAZANE 25 (small, square white tablet) 50 (small, round white tablet)					
		ATROPINE 1 (red)					
		MYDRIACYL or TROPICAMIDE 1 (red)					
		TOBREX (tobramycin) 0.3 (white)					
		TOBRADEX (tobramycin + dexamethasone) (white)					
		PRED FORTE 1 (purple label/white top)					
		INFLAMMASE FORTE or DECADRON 0.1 (white)					
		OTHER:					

a.m. = breakfast time
p.m. = dinner (supper) time