I had my eye drop!

Please fill this in and bring to your next appointment so the orthoptist can see how well you're doing

BIOS British and Irish Orthoptic Society

Week:						
Monday	○	○	○	○	○	○
Tuesday	○	○	○	○	○	○
Wednesday	○	○	○	○	○	○
Thursday	○	○	○	○	○	○
Friday	○	○	○	○	○	○
Saturday	○	○	○	○	○	○
Sunday	○	○	○	○	○	○

Starting Date:

My name is:

I must put my eye drop in this eye:

On these days: