

# 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:

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Monday

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Tuesday

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Wednesday

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Thursday

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Friday

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Saturday

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Sunday

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Starting Date:

My name is:

I must put my  
eye drop in this  
eye:

On these days: