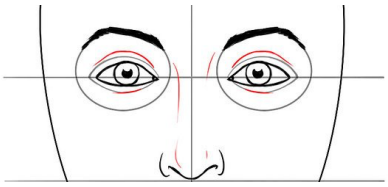
Pajozorg
thuisverpleging

T 02 460 83 52

# Protocol oogdruppels

Patiëntdossier: .....

RECHTS ☐



LINKS ☐

Datum Ingreep : ..... / ..... / ..... Oogarts : Dr. ..... Tel : .....

| | | | | |
|---|---|---|---|---|
| Week 1 vanaf ..... /..... / ..... | Product 1 | / Dag | Product 2 | / Dag |
| Week 2 vanaf ..... /..... / ..... | | / Dag | | / Dag |
| Week 3 vanaf ..... /..... / ..... | | / Dag | | / Dag |
| Week 4 vanaf ..... /..... / ..... | | / Dag | | / Dag |

Oogdruppels toedieningsschema

| INFO / DATUM | | 08.00 | | 12.00 | | 16.00 | | 20.00 | | .... h | .... h |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Product 1 | Product 2 | Product 1 | Product 2 | Product 1 | Product 2 | Product 1 | Product 2 | Oogverband 1 | Oogverband 2 |
| WEEK 1 | | | | | | | | | | | |
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| WEEK 2 | | | | | | | | | | | |
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| WEEK 3 | | | | | | | | | | | |
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| WEEK 4 | | | | | | | | | | | |
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