











## Post LipiFlow Therapy Check list

We recommend the following treatments to help manage your condition

<input type="checkbox"/> <b>Blinking Exercises</b> <i>(See attached)</i> Do 5-6 repetitions every ____ hour		<input type="checkbox"/> <b>Lipid Based Artificial Tears</b> <i>(Available OTC)</i> 1 drop up to 4X per day.	
<input type="checkbox"/> <i>Computer blinking program</i>			
<input type="checkbox"/> <b>Warm Compresses</b> Once daily for 10 minutes to stimulate oil flow.		<input type="checkbox"/> <b>Lid Hygiene</b> Clean lids/lashes daily with a cotton swab and mineral oil. (see instructions)	
<input type="checkbox"/> <b>Ointment</b> <i>(Available OTC)</i> Apply at night before bed as it will blur vision.		<input type="checkbox"/> <b>Sleep Goggles or Mask</b> Wear at night to minimize airflow around eyes.	
<input type="checkbox"/> <b>Humidifier</b>		<input type="checkbox"/> <b>Irrigation</b> Rinse your eyes with saline to remove any irritant. Do ____X/day.	
<input type="checkbox"/> <b>OTHER</b>			
<p><b>Notes:</b> It's important to not have a ceiling fan or other fans blowing directly on you day or night.</p>		Return for a follow up appointment in: ___ weeks      ___ months	