

Evansville, IN (812) 424-2020 or (800) 489-2020  
 Marion, IL (618) 993-0068 or (800) 818-8482



**ZYMAR  
(GOLD)**



**ACUVAIL  
(BLUE)**



**PRED FORTE  
(RED)**

# AFTER SURGERY

DAY OF SURGERY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<b>ZYMAR</b> Every 2 hours while awake <b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>ACUVAIL</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ZYMAR</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>ACUVAIL</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ZYMAR</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>ACUVAIL</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ZYMAR</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>ACUVAIL</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ZYMAR</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>ACUVAIL</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ZYMAR</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>ACUVAIL</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>	<b>ZYMAR</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>PRED FORTE</b> 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>ACUVAIL</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/>
<b>Week 1</b>						
<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>DAY 8</b>	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>DAY 9</b>	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>DAY 10</b>	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>DAY 11</b>	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>DAY 12</b>	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>DAY 13</b>	<b>PRED FORTE</b> 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>DAY 14</b>
<b>Week 2</b>						
<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 15</b>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 16</b>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 17</b>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 18</b>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 19</b>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 20</b>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 21</b>
<b>Week 3</b>						
<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 22</b>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 23</b>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 24</b>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 25</b>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 26</b>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 27</b>	<b>PRED FORTE</b> 2 times per day <input type="checkbox"/> <input type="checkbox"/> <b>DAY 28</b>
<b>Week 4</b>						