

My Patching Diary

My name is _____

and I have to wear my patch on my _____ eye

for _____ hours every day.

Day	Amount of time patch worn	Signed by
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Parents/Guardians—this chart can be used daily as part of your child's patching routine to help with motivation, and to help your Orthoptist monitor your child's compliance!