



Pre-Op Instructions

Patient Name: _____

Your procedure has been scheduled for: _____ at _____

One-day Post-Op exam: _____ at _____

COST OF YOUR PROCEDURE: \$ _____

- Full payment must be made prior to your procedure.
- **When using care credit get your account number prior to Lasik day.**
- *Your drop prescriptions have been sent electronically to your pharmacy.*
- *Your pill prescriptions are narcotics and are in paper form for you to take to your pharmacy.*
- **Bring all pills and drops to the clinic the day of your procedure**

Preparation

1. **Eat a light meal at mealtime before your procedure.** Do not have alcoholic beverages on the day of your procedure. If you take medications, you may take them as necessary.
2. **Please remove all facial and eye makeup prior to your procedure.** Any residue may affect the procedure.
3. **Do not wear fragrance, cologne, or scented lotions on the day of your procedure.** Fragrance can distort the transmission of the UV light in the laser and can cause an imperfect result.
4. **Arrange to have a friend or family member drive you to and from the clinic on the day of your procedure** and to your 1 day post-op visit.
5. **Purchase a one month supply of preservative free artificial tears.** These must be **individual vials** unless you purchase the brand retaine.

