



**PREOPERATIVE INSTRUCTIONS FOR
INTRAOCULAR LENS SURGERY**

- Your eye surgery has been scheduled for: ____/____/____
We will call you four to five days prior to your surgery date with your exact check in time.
- The day prior to surgery: start using in the operative eye:

Prior to surgery		1 day prior
Lid Scrub	Cleanse lids/lashes with warm wash cloth	<input type="checkbox"/> <input type="checkbox"/>
Antibiotic		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Anti-Inflammatory		<input type="checkbox"/>
Combo-Drop		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please wait 5 minutes between drops. BRING your eye drops and/or kit with you since you will need them immediately after your procedure. Do not apply these eye drops on the morning of the procedure.

- THE NIGHT BEFORE SURGERY, DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.** Eat a good snack before bedtime (before midnight). It is okay to take your normal medication in the morning with a small sip of water unless specified otherwise by our staff.
- Please wear loose fitting clothes (i.e. **short sleeve shirts**). Please leave all jewelry and valuables at home. LaserVue Eye Center assumes no responsibility for your personal belongings. Do not wear any makeup on the morning of your surgery.
- It is your responsibility to ensure that you have obtained medical clearance prior to surgery from your primary care physician.** In cases when preoperative medical clearance is not granted and/or obtained from your personal physician, surgery may not proceed as scheduled when deemed appropriate by the surgeon or anesthesiologist.
- You must have transportation arranged for someone to drive you home or to your destination after surgery and for your next day post-operative visit. Please anticipate approximately 1-2 hours for your entire stay at our surgery center.
- You or your insurance carrier will be receiving a separate bill from the anesthesiologist for their care.
- Your surgery fees need to be paid in full prior to your procedure.** We accept all major credit cards, cashier's check, and cash. We do accept personal checks only if paid and cleared seven business days before your surgery.
- Please read all of the enclosed information and follow your preoperative instructions. If you have any questions, please call us at **707-522-6200**.

One day follow-up appointment on: _____ at _____ am.

One week follow-up appointment on: _____ with _____