



Patient Name: _____

Arrive for your procedure on _____ at _____ am/pm.

Your post-op exam has been scheduled on _____ at _____ am/pm.

Pre-procedural instructions

SOFT CONTACT LENS WEARERS – Please do not wear them in the eye(s) to be treated for 14 days prior to your procedure unless otherwise directed by our doctors. **HARD OR GAS PERMEABLE CONTACT LENS WEARERS** – Please do not wear them in the eye(s) to be treated for 2 weeks plus an extra week for each decade of wear prior to your procedure unless otherwise directed.

You will be given a prescription for required eye drops and possible oral medication. Have these filled but do not use them. We also recommend you purchase and bring with you preservative free artificial tears, as you will be using them frequently.

Remove all eye and facial makeup before you come in for your procedure. Please do not wear perfume, fragrant deodorants, or hair products to your procedure. Wear comfortable, warm clothing, including a shirt or sweater that either buttons or zips up at the front (no pull-over clothing). The laser suite is kept quite cool.

Eat a light meal prior to your procedure. Do not drink any alcoholic beverages the night before or after surgery.

You must notify us at least 48 hours in advance for procedure cancellations or a cancellation fee will be charged.

Payment to WVI of \$_____ is due in full prior to your procedure. No exceptions can be made. You may pay by cashier's check (made payable to Wang Vision Institute), money order, VISA, MC, or Discover Card. **Personal checks will be accepted only if received one week prior to your procedure.**

The global period (during which all office visits are included) is: _____ months.

Post-procedural instructions

Someone MUST drive you home after the procedure.

For the first three days/nights after your procedure, wear the eye shields provided by WVI while sleeping and the goggles while showering. You must not swim or use a hot tub or jacuzzi for two weeks. Do not wear any eye makeup for one full week.

You will return for a check-up appointment the day after your procedure. Ensure arrangements for travel if you cannot see well enough to drive. After this visit, we will arrange your next appointment. If you have any questions, please call our office at (615) 321-8881.

I understand all of the above pre-procedural instructions.

Patient _____ Signature Date _____

Witness _____ Signature Date _____