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Palm Bay, FL 32905

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RIGHT / LEFT

PRE-OP PATIENT INSTRUCTIONS FOR LASIK / PRK

SURGERY DAY

PRIOR TO SURGERY:

- 1. Begin lid scrubs (3) three to (4) four days prior to surgery with OcuSoft Lid Wipes.

LID SCRUB INSTRUCTIONS

- (2) two times per day, close eyes and scrub upper and lower lid margins with OcuSoft Lid Wipes.
- Rinse with warm water.

- 2. Start Artificial Tears (3) three days prior to surgery (4) four times a day.

DAY OF SURGERY:

- 1. You may **NOT** drive yourself home after surgery. **Please make arrangements for the person who will be driving you home to stay at the surgery center while you are having surgery.**
- 2. Wear loose, comfortable clothing on the day of your surgery. The LASIK Center may be cool, so dress warmly.
- 3. Do not wear perfume, cologne, scented lotion or spray on the day of your surgery.
- 4. Do not wear makeup or contact lenses on the day of your surgery. Be sure to wash your face and eyelids according to instructions above prior to arrival.
- 5. **TAKE** your medications the morning of surgery with the following exception: NO ASPRIN (5) five days prior to surgery. You may eat breakfast
- 6. Please bring all prescription eye drops with you to your surgery and post-op appointments.
- 7. If you develop a cold, a cough, or any other illness prior to your surgery, please contact our office and request that your surgeon be informed of this. Your surgeon may or may not decide to cancel or postpone your surgery.
- 8. Please note that we accept credit cards, money orders or cash.
- 9. Should you need to cancel, we require advance notice of at least 48 business hours. A cancellation fee of \$1000.00 will be applied if appropriate notice is not given.

If you have any questions, please call 321-794-0781 and ask for our LASIK Coordinator, Danielle H.

One Day Post-Operative Appointment:

____/____/____ at ____AM / PM

Melbourne Rockledge Palm Bay Titusville

with Dr. _____.

One Week Post-Operative Appointment:

____/____/____ at ____AM / PM

Melbourne Rockledge Palm Bay Titusville

with Dr. _____.

"I certify by my signature that I have received a copy of this instruction sheet and understand its meaning."

Patient's Signature: _____ **Date:** ____/____/____