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RIGHT / LEFT

PRE-OP PATIENT INSTRUCTIONS FOR LASIK / PRK

SURGERY DAY

(NURSE WILL CALL 1 DAY PRIOR TO SURGERY BEFORE 4:00PM WITH ARRIVAL TIME)

PRIOR TO SURGERY:

1. Discontinue use of soft contact lenses (5) five days prior to surgery.
2. Discontinue use of hard contact lenses (2) two weeks prior to surgery.
3. Discontinue use of eye makeup (3) three to (4) four days prior to surgery and begin lid scrubs.

LID SCRUB INSTRUCTIONS

- Start (3) three to (4) four days prior to surgery X (2) two times per day.
- Wet washcloth with warm water. Place over eyelids for (2) two to (3) three minutes.
- Put (4) four drops of baby shampoo on warm washcloth.
- Close eyes. Scrub upper and lower lid margins.
- Rinse with warm water.

4. Start Artificial Tears (2) two days prior to surgery every (2) two hours while awake.

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, 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.
6. 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.
7. **Please note that we do not accept bills larger than \$20.00**

One Day Post-Operative Appointment:

_____/_____/_____ at _____AM / PM

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with Dr. _____.

One Week Post-Operative Appointment:

_____/_____/_____ at _____AM / PM

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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:** ____/____/_____