

PATIENT PRE-OP APPOINTMENT INSTRUCTIONS

PRE-OPERATIVE APPOINTMENT:

DATE: ____/____/____ TIME: _____AM / PM

- Diagnostic Center, Suite 201** (2nd floor of Melbourne Office)
- Rockledge Office**
- Titusville Office**

**Arrive 15 minutes early. If you are more than 10 minutes late, your appointment will be rescheduled.*

Note: This is not your Surgery Date.

PRIOR TO THIS APPOINTMENT

1. **Read this packet carefully** and use the notes section to write down questions to ask during the appointment.

ON THE DAY OF PRE-OP APPOINTMENT

1. Plan to arrive 15 minutes prior to your appointment. Expect to spend 1-2 hours in our office.
2. Bring the following:
 - a. A list of all medications & vitamins that you take including the dosages & frequency.
 - b. Copies of your **Power of Attorney (POA) & Advance Directive documents**, if applicable.
 - c. The payment method you expect to use. **Please note that we do not accept bills larger than \$20.00.*
 - d. The name, address & phone number of your preferred pharmacy
 - e. Reading glasses (if applicable.)

WHAT TO EXPECT DURING THE PRE-OP APPOINTMENT

1. After checking in, the receptionist will review your completed paperwork. This paperwork must be completed before the process can begin.
2. Diagnostic testing should be complete, but we will let you know during your appointment if additional measurements are needed.
3. When meeting with your surgical counselor, you can expect the following:
 - a. A reconciliation of your medications, allergies and preferred pharmacy.
 - b. A **review of the procedure** and the chance to **answer any outstanding questions**.
 - c. You will **review and sign the appropriate consent forms** and related paperwork.
 - d. **A review of your surgery financial obligation.**
 - i. We will have your surgical estimate ready on the day of this appointment. Please hold all billing questions until this appointment as we do NOT have access to the numbers prior to your scheduled Pre-Op Appointment.
 - ii. Please be prepared to pay your copayment, deductible and any outstanding balances during this appointment.
 - e. **After payment has been made in full**, we will schedule:
 1. Surgery Date 1st Eye, 1-Day Post-Op and 1-Week Post-Op
 2. Surgery Date 2nd Eye, 1-Day Post-Op and 1-Week Post-Op
 - f. Your counselor will discuss your Pre-Op Instructions and Eye Drop Schedule. (You will be given a copy to take home.)
 - g. Your medication prescriptions will be sent to your preferred pharmacy within 1-2 business days.

QUESTIONS TO ASK DURING MY PRE-OP APPOINTMENT

Use this section to write down questions you wish to ask your doctor & counselor.

1. Do I need to bring someone to drive me home after surgery?

Yes. You may NOT drive yourself home after surgery. You must have a responsible adult that can stay on property at all times.

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____
