



Information for Lasik / CK Patients

Patient Name: _____
Exam Date: _____
Surgery Date: _____
1 Day Post-Op: _____ 1 Week Post Op: _____

Surgery Fee: _____
Intralase: _____
Pre/Post-Op: _____
Total: _____

- It is important that you discontinue contact lenses before your procedure date. Please refer to the guidelines below, unless otherwise directed by your doctor.

Soft lenses: daily wear – remove 1 week prior to your procedure
Gas Permeable and Toric lenses: remove 3 weeks prior to your procedure

- On your surgery day, wear comfortable clothing. Avoid wearing sweaters that shed lint, perfume, cologne, hairspray and spray deodorant. Ladies, please do not wear eye makeup.
You will be at the center approximately 3-4 hours, so it is recommended that you eat a normal meal prior to your appointment. Also, part of your time at our office will be down time so we suggest you bring some reading material.
Your vision will be blurry after surgery so arrange for someone to drive you home after your procedure. You are not legal to drive until cleared by the doctor.
Typically, post operative visits are as follows: 1 day, 1 week, 1 month, 3 months and 6 months. All patients must have a 24-hour post op visit. If you are coming in from out-of-town, plan to see us the following day or your referring doctor. If needed, we can provide you with hotel brochures that sometimes offer discounts.
If you are interested in financing, please contact our office prior to your procedure so that we can process the applications and approvals for the loan.
Please be sure that your cell phones are turned off when entering the laser room.
Enhancement fees are \$300 per eye. Enhancements will be considered on a case by case basis and performed only if the benefits outweigh the potential risks.
If our post-operative care is being done by another doctor we will need you to make two separate payments. If you are paying by check, please bring two checks. All fees are due on the day of the surgery.

We look forward to helping you achieve your new vision! Once again, if you have any questions or concerns regarding the consent form or any part of this process, contact Slade & Baker Vision at 713-626-5544.

Patient Initials: _____ Date: _____