

SEE THE BEST
SLADE & BAKER
 VISION CENTER

Information for Refractive Patients

Patient Name: _____

Exam Date: _____

Surgery Date: _____

1 Day Post-op: _____ 1 wk post Op: _____

Surgery Fee: _____
Custom Lasik Fee: _____
Standard Lasik Fee: _____
Intralase Fee: _____
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 week 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 make up.
- **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.
- **Post operative visits are included for the first six months.** All patients must have a 24 hours 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 may offer discounted rates.
- 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.
- If your 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 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.

Patient initials: _____ date: _____