Preoperative Reminders and Instructions

INLAND EYE LASIK

BEFORE SURGERY

➔ Preoperative exam is on _____ at _____ with

☐ Dr. _____, your optometrist.

☐ Dr. Blanton at Inland Eye LASIK ☐ Has already been performed

☐ Please call your optometrist to schedule your preoperative exam.

***Soft contact lenses should be removed 7 days prior to your preoperative exam and surgery.**
***Hard or RGP lenses should be removed 3-4 weeks prior to your preoperative exam and surgery.**

Remove your contacts on or by _____.

➔ **Have all prescriptions filled prior to your surgery date.**

Please call ABC Pharmacy at (909)204-6068 to submit your insurance information and payment.

Allow 3 business days for shipping.

➔ **BEGIN EYE DROPS ON _____. Use in: right left both eyes**

☐ _____ Steroid

☐ _____ Antibiotic

✓ **Use 1 drop of each 4 times a day (breakfast, lunch, dinner, bedtime).**

✓ **Wait 3-5 minutes in between different eye drops.**

✓ **Continue using the eye drops until you arrive for surgery.**

SURGERY

➔ **Please arrange to have someone drive you home after your surgery and to your 1-day postop visit.** Your doctor will let you know when you are able to drive. Plan to be in the office about 2 hours.

➔ **Your surgery is scheduled on _____. Please arrive at _____.**

- You may eat and drink normally on the day of surgery. Limit caffeine intake and do not drink alcohol on the day of surgery.
- **Absolutely no eye makeup, perfumes or colognes on the day of your procedure.**
- **Bring your eye drops and any prescribed medications with you on the day of your procedure.**

➔ **Your 1 day postop visit is on _____ at _____ with:** ☐ Dr. Blanton ☐ Your optometrist

PAYMENT

Payment in full is requested upon arrival on the day of surgery. We accept cash, cashiers checks, debit cards, Care Credit, and all major credit cards. Affordable financing through Care Credit is also available. Please apply for Care credit prior to your surgery date. Please call your bank prior to surgery to ensure your debit card can be processed for the full amount.

Please pay by _____ Payment Amount $_____

If you have any questions about these instructions, please do not hesitate to call the office at (909) 937-9230.