

**PRIMARY EYE CARE CENTER
LASIK CONSULTATION CHECK LIST**

Date: _____

Patient: _____ Counselor: michelem@primaryeyecarect.com 860-243-2020 x 241

- _____ *LASIK – A refractive procedure to decrease dependence on glasses or contacts.
- _____ *20/20 Vision cannot be guaranteed.
- _____ *Understand the need for near vision glasses or eventual need in regards to presbyopia.
Monovision (using your dominant eye for distance the other for near) can cause a decrease in depth perception, which is usually most noticeable for night driving and distance tasks.
- _____ *Option of both eyes corrected corrected for distance and wearing reading glasses for near.
- _____ *Enhancement(s): Approximately 2% of patients will need an enhancement (re-treatment).
Enhancements are usually scheduled no earlier than 3 months after the first procedure.
- _____ *Risks – Infection, flap complications, over or under corrections. Additional information at exam.
- _____ *PRIOR TO LASIK EVALUATION AT DIAMOND VISION:
Please bring glasses / contact lens box to this appointment.
The Lasik measurements will take approximately 1 hour and you will be dilated and light sensitive for up to 24 hours. If possible we recommend having a driver with you for this appointment.
- _____ *Your cornea needs to regain its natural shape before it is measured at your pre-op evaluation:
SOFT disposable contacts; NO CONTACTS for 10 DAYS PRIOR to pre-op evaluation
SOFT extended wear contacts (sleep in contacts); NO CONTACTS 2 WEEKS PRIOR to pre-op evaluation.
SOFT TORIC; (contacts with astigmatism) NO CONTACTS 3 WEEKS PRIOR to pre-op evaluation.
HARD LENSES; NO CONTACTS 1 MONTH (per decade of lens wear) PRIOR to pre-op evaluation.
(Diamond Vision can put you in soft contacts to minimize the length of time out of lenses).
- _____ *Things to know: Day of Surgery at Diamond Vision: in office 1 - 1 1/2 hours, driver needed, no perfume, cologne, lotions, make-up or hairspray. These items interfere with the precise optics of the laser.
- _____ *What to expect after Surgery: Stinging, tearing, redness, light sensitivity, headache, blurry or hazy vision, foreign body sensation are all possible symptoms for the first 4-5 hours after surgery.
- _____ *Three visits to Diamond Vision: Pre-op evaluation, day of Surgery, one day post-op.
- _____ *One week, 1 month, 3 month, 6 month and one year post-operative appointments will be at Primary Eye Care at no additional cost. Your insurance will be billed for your yearly routine exam.

Diamond Vision will provide you with pre and post operative instructions, in addition to payment options including 0% financing programs.

Pre-op Evaluation date: _____

Surgery Date: _____

Cost \$ _____

Post op Date: _____

Type of Surgery: Custom Lasik w/ Intralase, ILASIK / Custom PRK / Traditional Lasik w/ microkeratome
No other benefits apply to Primary Eye Care Center patient's in-office discounted rate.

Deposit of \$250.00 due at Lasik Evaluation: (refundable if you are not a candidate).

credit card # _____ exp: _____

Type of card: MC VISA AMEX DISCOVER