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Pre-Refractive Surgery Patient Information

Pation	nt Name	a·				
Please arrive at the office on:				nt	AM/PM	
		(D	ATE)	(TIME)		
		(This is approximately 30	minutes before your so	cheduled procedure	e time.)	
You a	re sche	eduled for Refractive Laser	Surgery on your:			
☐ Rig	ght Eye	☐ Left Eye	☐ Both Eyes			
Prepa	re for	your procedure:				
1.		se have all prescriptions filled 3 days before your procedure and bring with you the day of the edure.				
2.	Your	post op eye drops and instructions will be given to you the day of your procedure.				
3.	3. Avenova Lid & Lash Hygiene begin 1 week prior to surgery / Directions for use:					
 Wash hands prior to application. 						
	 Remove any make-up or lotions around your eyes. 					
	0	Apply 2 sprays of Avenova	a to a 100% cotton rou	nd pad.		
	0	Close one eye and using a at least 3 times.	a horizontal motion, ge	ently wipe the base	of all the upper lid lashes	
	0	With the eye open, look umotion at least 3 times.	up and gently wipe the	base of the lowe	r lashes with a horizontal	

o With a new cotton round pad, repeat on the other eye.

No rinsing is necessary.

- Use twice daily or as otherwise recommended by your Doctor. Avenova aids in the removal or harmful bacteria from the eye area.
- 4. Make arrangements for a driver after the procedure and be prepared to sleep 3-4 hours after the procedure.
- 5. You will NOT be able to drive and we cannot discharge you without a driver.
- 6. Please make sure you have taken care of all financial responsibilities regarding your procedure. Payment is due *prior* to the day of your procedure.
- 7. No contact lens wear 2 days prior to your procedure or the morning of your procedure!

Procedure Day:

- 1. Be sure to bring your Valium and all drops with you to the office. A technician will administer these medications prior to your procedure along with Ibuprofen or Acetaminophen provided by your surgeon.
- 2. Bring all consent paperwork to sign in the presence of our staff. Your procedure cannot be performed without proper signatures.
- 3. You may have a light breakfast or lunch.
- 4. Take all of your usual medications.
- 5. Please DO NOT wear any makeup, cologne, perfume, or hairspray.
- 6. Please DO NOT wear jewelry around your neck, face or ears.
- 7. Please wear a button up shirt or something that does not have to go over your head.
- 8. Please arrange for your driver to accompany you and park closest to front of building.
- 9. Cellular devices are not allowed in the LASIK procedure room. Please leave all phones and tablets with your driver.

We are grateful that you have chosen us for your refractive laser surgery and look forward to assisting you in any way possible.