



McCANNEL EYE CLINIC

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PATIENT INFORMATION

Right Eye / Left Eye / To be determined

- Pre-operative eye evaluation is _____ @ _____ AM PM at McCannel Eye Clinic. Please instill artificial tears to your operative eye(s) four times a day for one week prior to this appointment.
- Surgery is scheduled for _____ @ _____ AM PM at McCannel Eye Surgery.
- Surgery arrival time is _____ AM PM. (Time subject to change.)
- Post-operative eye exam is _____ @ _____ AM PM at McCannel Eye Clinic.
- Second post-operative exam is _____ @ _____ AM PM at McCannel Eye Clinic.
There will be a \$100 charge for this exam for the test done to determine your new glasses prescription.
This fee does not apply to any diagnostic refraction done between surgeries.
- **Please note that the above surgery time is tentative and subject to change.** Although we make every effort to adhere to the surgery time set upon scheduling, it is not uncommon that changes are necessary due to emergencies, cancellations, or doctor conflicts. You will receive a call prior to your surgery date (typically a week before) from a nurse at the surgery center to review pre-op instructions and confirm your arrival time.
- **A PREOP HISTORY AND PHYSICAL IS REQUIRED FROM YOUR MEDICAL DOCTOR providing medical clearance to proceed with the surgery at our center. This exam needs to be done between 7 - 30 days prior to surgery. Surgery cannot be done without this clearance. A physical form is attached for you to take to your doctor.**
- **A combination bottle of 3 prescription eye drops that you'll be using before and after surgery will be available for purchase for \$48 at McCannel Eye Clinic on the day of your pre-operative eye evaluation. If you'd prefer to have the combination eye drops divided into 3 separate prescription eye drops (3 bottles) and sent to your pharmacy, please let the surgery coordinator know.** Please bring these drops to your first follow-up visit the day after surgery. You may need additional bottles of eye drops to treat the eye during the recovery period.
- **PLEASE ARRANGE FOR SOMEONE TO DRIVE YOU HOME AND STAY WITH YOU FOR 24 HOURS.** The medications you will receive on the day of surgery may impair your ability to function normally. This driver **MUST** be present at the surgery center at all times.
- **On the morning of your surgery, you must have an empty stomach. ****Please do not eat or drink anything after midnight the night before your surgery.*****
- If you are taking prescription medications, take your morning dose the day of surgery with a small sip of water. If you have diabetes, please ask your medical doctor if you should take your insulin dosage the morning of surgery.
- It is important that your face is clean and free of makeup on the day of surgery.
- Please bring your driver's license, insurance card(s) and any co-pay, deductible, or specialty lens payments with you to surgery.
- **If you need to reach someone before 8am on the day of your surgery, please call 952-848-8338.**