



WANG VISION
INSTITUTE

Patient Name: _____

Arrive for your procedure on _____ at _____ am/pm.

Pre-procedural instructions

SOFT CONTACT LENS WEARERS – Please do not wear them in the eye(s) to be treated for 14 days prior to your procedure unless otherwise directed by our doctors. **HARD OR GAS PERMEABLE CONTACT LENS WEARERS** – Please do not wear them in the eye(s) to be treated for 2 weeks plus an extra week for each decade of wear prior to your procedure unless otherwise directed.

You will be given a prescription for required eye drops and possible oral medication. Have these filled but do not use them. We also recommend you purchase and bring with you preservative free artificial tears, as you will be using them frequently.

Remove all eye and face makeup before you come in for your procedure. Please do not wear perfume, fragrant deodorants, or hair products to your procedure. Wear comfortable, warm clothing, including a shirt or sweater that either buttons or zips up at the front (no pull-over clothing). The laser suite is kept quite cool.

Eat a light meal prior to your procedure. Do not drink any alcoholic beverages the night before or after surgery.

You must notify us at least 48 hours in advance for procedure cancellations or a cancellation fee will be charged.

*If your care is co-managed, you must bring a payment in the amount of \$_____ payable to Dr. _____ to WVI on the day of your procedure, with a balance of \$_____ paid to WVI on the day of your surgery. The payment to your doctor will be forwarded from WVI on the day of your surgery.

Payment to WVI of \$_____ is due in full prior to your procedure. No exceptions can be made. You may pay by cashier's check (made payable to Wang Vision Institute), money order, VISA, MC, or Discover Card. **NO Personal Checks are accepted over \$300.00**

The global period (during which all office visits are included) is: _____ months.

The global period for excimer laser keratorefractive refractive enhancements* by Dr. Wang are (circle and **patient initial**):

1. Not included _____
 2. Included for 1 year _____
 3. Included for lifetime _____
- Note:** An enhancement outside the global period will be the cost of the procedure at the time the enhancement is needed. *Annual eye exams are required. If not at WVI, medical records must be provided. If this requirement is not fulfilled, WVI reserves the right to discontinue free lifetime enhancements by Dr. Wang.*

*Enhancements always depend on patient candidacy and risk versus benefits. It is possible that you may not be a candidate for further surgery by Dr. Wang.

Post-procedural instructions

Someone MUST drive you home after the procedure.

For the first three days/nights after your procedure, wear the eye shields provided by WVI while sleeping and the goggles while showering. You must not swim or use a hot tub or jacuzzi for two weeks. Do not wear any eye makeup for one full week.

You will return for a check-up appointment the day after your procedure. Ensure arrangements for travel if you cannot see well enough to drive. After this visit, we will arrange your next appointment. If you have any questions, please call our office at **(615) 321-8881**.

I understand all of the above pre-procedural instructions.

Patient _____ Signature Date _____

Witness _____ Signature Date _____