

LASIK PRE-OP INSTRUCTIONS

Date: _____

Arrival Time: _____

Report To: **HAYDEN LASIK CENTER**
 1150 LINCOLN AVENUE
 Evansville, IN 47714

1. Wear warm, comfortable clothing on LASIK day.
2. Pre-operative and post-operative medication should be provided in the LASIK pack when you are scheduled for the procedure. *(Contact me immediately if otherwise.)*
3. Start taking the antibiotic drop. **ZYMAR: 1 drop in each eye, 2 days prior to surgery, 4 times per day** *(For example: breakfast, lunch, dinner, and bedtime).*
4. Your regular medications should have been discussed prior to scheduling. As discussed with Doctor, you may take the regular medication the day of surgery.
5. Eating before the procedure is permitted.
6. **Please bring someone to drive you home.**
7. Do not use any make-up or hairspray. Please leave jewelry at home as well.
8. Bring the “**Informed Consent Form**” with you on surgery day.
9. Please remove your contact lenses at least 3 days prior to surgery. *(This depends on your type of lens: soft- 3 days, RGP- 3 weeks).*
10. Payment is due the day of surgery. Please make checks payable to Talley Eye Care

If you have any questions, please call me today. 1-800-489-2020.