

Surgery Day Checklist



Last day to wear contacts: _____

Re-check scheduled for: _____

Treatment Day: _____ Arrival Time: _____

One day follow-up date is scheduled for _____ at _____

Are you prepared for treatment?

please check the following:

- Find a driver. You NEED a driver to bring you, stay with you and take you home.
- Read and sign all of your paperwork. There are four consent forms:
(Informed Consent, Vision for Life, Rights and Responsibilities, What to Expect on Surgery Day).
- Fill your prescriptions **ONE WEEK BEFORE YOUR TREATMENT**
 - **Vigamox-RX** (antibiotic) a.k.a. Moxifloxacin
Place one drop in eyes(s) to be treated. Use the NIGHT BEFORE and the MORNING of your surgery.
 - **Pred Forte-RX** (anti-inflammatory) a.k.a. Prednisolone
This drop is to be used after treatment.
 - **Preservative Free Eye Drops** a.k.a Artificial Tears
These drops are OTC (over the counter). You need two boxes of 25-30 count individual vials. These are to be used after treatment.

TIP: Go to goodrx.com OR Google the names of your medications to check for available rebates or discounts. Drops are not included in surgical price and may not be covered by insurance. Drops are mandatory.

Day of Your Treatment

Bring your folder with all signed paperwork, all drops listed above, a driver, and a form of payment.*

* Please remember to call your bank associated with credit card to pre-authorize this transaction. Most cards have a daily or transaction limit, and often the cards are declined.

- Eat before your treatment.
- Do not wear make-up, cologne, perfume, scented lotions.
- Do not drink caffeine the day of your procedure
- You will be in our office for one and a half hours.
Please note, arrival times are tentative and may change.

IMPORTANT DISCLAIMER

A minimum of 72 hours notice is required for all appointment changes. If you cancel or reschedule your appointment less than 72 hours prior, a \$250 fee will be required before you reschedule (\$200 of that will serve as a deposit toward your surgery).

Payment Options

Total Cost of Your Surgery

\$_____ minus deposit of \$_____

Due at surgery

\$_____

price guaranteed for 30 days after consultation

Financing Options

Please write account no. here

Alphaeon [apply at goalphaeon.com](http://goalphaeon.com)

We offer 24 months 0% interest with monthly payments as low as \$99/ mo (per eye).

Care Credit [apply at carecredit.com/apply](http://carecredit.com/apply)

We offer 12 months 0% interest with monthly payments as low as \$198/ mo (per eye).

When applying...

- Easily apply directly through our website under the 'Payment' tab.
- Financing must be arranged BEFORE your surgery day.
- Bring your account number or card to your appointment.
- You do not choose the monthly payment option when you apply. We do that in office on your surgery day when we process your payment.

Other Payment Options

- Visa, MasterCard, American Express, Discover
 - Most cards have a daily or transaction limit; you will need to call the bank associated with the card to pre-authorize the payment.
- FSA (Flex Spending Account) or HSA (Health Savings Account)
- Cashiers Check or Money Order (make payable to Keil Lasik Vision Center)
- NO cash accepted

When preparing your payment...

- Limit of TWO forms of payment.
- Payment is made in FULL on surgery day.