



PreOperative Evaluation: Surgical Vision Correction

Your Expectations: please indicate with a (√) the response you consider to be correct:

Complete healing takes:	Days <input type="checkbox"/>	Weeks <input type="checkbox"/>	Months <input type="checkbox"/>
	True	False	
Vision Correction Surgery is 100% predictable	<input type="checkbox"/>	<input type="checkbox"/>	
I will have perfect 20/20 vision without glasses or contacts	<input type="checkbox"/>	<input type="checkbox"/>	
There is no risk of worse vision after surgery	<input type="checkbox"/>	<input type="checkbox"/>	
I will never need glasses again after surgery	<input type="checkbox"/>	<input type="checkbox"/>	
I must remove contacts at least 2 days prior to laser surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Both eyes can be treated the same day	<input type="checkbox"/>	<input type="checkbox"/>	
I cannot drive the day of surgery	<input type="checkbox"/>	<input type="checkbox"/>	
I cannot drive the day after surgery	<input type="checkbox"/>	<input type="checkbox"/>	
I cannot return to work/school until at least 3 days after surgery	<input type="checkbox"/>	<input type="checkbox"/>	
I cannot wear eye makeup for 2 weeks after surgery	<input type="checkbox"/>	<input type="checkbox"/>	
I cannot participate in contact sports for at least 2 weeks after laser surgery	<input type="checkbox"/>	<input type="checkbox"/>	
I cannot participate in contact sports for at least 2 weeks after lens surgery	<input type="checkbox"/>	<input type="checkbox"/>	
I cannot participate in water sports for at least 4 weeks after surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Medicated eye drops can cause complications if not used as directed	<input type="checkbox"/>	<input type="checkbox"/>	
Medicated eye drops can cause complications even if used as directed	<input type="checkbox"/>	<input type="checkbox"/>	
I must schedule and keep follow up appointments as recommended	<input type="checkbox"/>	<input type="checkbox"/>	
Vision can fluctuate throughout the day for several weeks after surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Near vision is slower to recover than distance vision after laser surgery	<input type="checkbox"/>	<input type="checkbox"/>	
My eyes will feel dry for several months after surgery	<input type="checkbox"/>	<input type="checkbox"/>	

I have discussed the correct responses to the above questions with the patient, in addition to providing an overview of the underlying vision problem, a description of the surgery and anticipated recovery including warning signs of complications. As well, I have provided the patient with a Surgical Vision Correction brochure, or other relevant brochure, and a copy of the surgical consent form to review prior to surgery, with the explanation that the patient should not sign the consent form until all questions have been answered to his/her satisfaction. The patient has my office phone number to report and discuss concerns or questions.

Nurse's Signature: _____

I declare that the above information is complete and accurate to the best of my knowledge. My follow up care will be provided by:

Dr. _____ of _____. I authorize Demong Associate Eyecentre to share follow up examination findings and surgical reports with him/her.

Date: _____

Patient's Signature: _____