



Welcome To ClearVision

We are looking forward to working with you and helping with your eye care needs. The following items are very important to help us provide you with the best eye care possible. PLEASE FOLLOW THESE GUIDELINES ON THE DAY OF YOUR SURGERY:

1. Fill out the enclosed **Patient Information Sheet** and bring it with you.
2. Please don't wear make-up
3. Watch the LASIK Informed Consent video and read the enclosed consent form. Please bring the video and unsigned consent form with you to your appointment.
4. Have the enclosed prescription filled and bring the drops with you on the day of surgery.
5. You will need someone to drive you to and from the procedure.

If desired, you may eat lightly prior to the surgery.

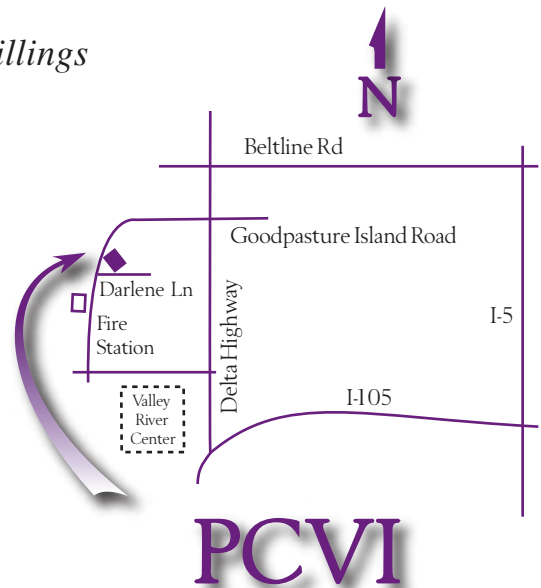
** Payment is due at the time of surgery and any insurance billings need to be prior authorization.*

YOUR APPOINTMENT IS SCHEDULED FOR:

Time: _____

Date: _____

At: 1125 Darlene Lane, Eugene, OR 97401



If you have any questions or concerns, please contact our office at (541) 343-5000 or 1-888-687-2442