



Welcome and thank you for choosing SOUTHERN EYE LASIK CENTER. We are delighted to assist you in your quest for better vision.

Your Appointment is scheduled for _____ at _____ am/pm.

Our LASIK center is located at: **1 Lincoln Parkway, Ste. 103**

Hattiesburg, MS

(Directions are enclosed for your convenience).

You may elect our “1 Visit Is It” with your pre-screening, complete work-up and LASIK treatment in “1 Visit.”

If you wear contacts, they must be removed for a period of time prior to your LASIK pre-screening:

- **SOFT CONTACT LENS**-14 days prior
- **HARD OR GAS PERMEABLE CONTACTS**- 30 days prior

Please complete the patient registration form enclosed and return it the day of your appointment. In the event you are unable to keep your scheduled appointment, please notify our office as soon as possible, so that someone else may benefit from that time.

FINANCIAL POLICY LASIK

Payment is due the day of your procedure.

WE ACCEPT CASH, CHECK, VISA, MASTERCARD. We also offer CareCredit they have a variety of payment options designed to fit everyone’s need. You may contact us to assist you with setting up your financing.

Currently there is NO insurance coverage for ELECTIVE REFRACTIVE PROCEDURES.

1 VISIT IS IT

LASIK PRE-OPERATIVE INSTRUCTIONS

You may request a prescription of Xanax and one can be taken two (2) hours before your normal bedtime the evening prior to your procedure. **DO NOT take XANAX the day of your procedure**

ON THE DAY OF YOUR PROCEDURE:

- 1.) Take your regular medications the day of the procedure, (Unless you have been instructed otherwise).
- 2.) You may eat a Breakfast or Lunch.
- 3.) Plan to have a driver the day of your procedure.
- 4.) Avoid wearing any jewelry, perfume, colognes, hairspray and/or gel, **EYE AREA MUST BE CLEANED OF ALL MAKE-UP AND LOTIONS**
- 5.) Dress comfortably the day of your procedure you may be here for 2-4 hours, depending on the flow.

STEPS FOR YOUR AT HOME CARE AFTER LASIK MEDICATIONS (DROPS)

Your doctor will instruct you on how to use your medications. You will be given:

1. **Flarex** (Steroid) Use one drop in operated eye/s
2. **Antibiotic drop:** Use one drop in operative eye/s

You will need to purchase:

REFRESH PLUS tears: use every hour on the hour that you are awake for the first 30 days. If you work on a computer you may have to use the drops more frequently. Should your vision fluctuate you may have to use the drops more frequently. This is a very important part of the healing process. You can not over use these drops.

EYE PROTECTION

Eye make up can be worn on the operative eye/s after 10 days
No Swimming or Tanning beds for 10 days after your procedure
Wear your eye shields while you sleep for 4-5 days after your procedure

Fluctuation of vision is perfectly normal. Your eyes may appear bloodshot or red, this too is perfectly normal.

QUESTIONS:

If you have any questions or concerns, call Southern Eye Center at (601) 264-3937 or 1-800-821-5605 or call Angel at 601-705-0460 or my cell at 601-297-0669 or you may email at laservision@southerneyecenter.com

There will be someone available by phone 24 hours a day and 7 days a week.