



WANG VISION
INSTITUTE

Patient Name: _____

Arrive for your procedure on _____ at _____ am/pm.

Pre-procedural instructions

SOFT CONTACT LENS WEARERS: Please do not wear them in the eye(s) to be treated for 7 days prior to your procedure, unless otherwise directed by our doctors. **HARD OR GAS PERMEABLE CONTACT LENS WEARERS:** Prior to your procedure, please do not wear them in the eye(s) to be treated for 2 weeks + one extra week for each decade you have worn them, unless otherwise directed.

You will be given a prescription for required eye drops and possible oral medication. Have these filled and bring them with you to your procedure, but do not use them until after your procedure. We also recommend you purchase and bring with you preservative free artificial tears, as you will be using them frequently after your procedure.

Remove all eye and face makeup before you come in for your procedure. Please do not wear perfume/cologne, fragrant deodorants, or hair products to your procedure. Wear comfortable, warm clothing, including a shirt or sweater that either buttons or zips up in front (i.e., no pull-over clothing). Please layer your clothing, as the laser suite is kept quite cool.

Eat a light meal prior to your procedure. Do not drink any alcoholic beverages the night before or the night of your procedure.

You must notify us at least 48 hours in advance for procedure cancellations to avoid being charged a cancellation fee.

Post-procedural instructions

Someone MUST drive you home after the procedure.

For the first three days/nights after your procedure, wear the eye shields provided by WVI while sleeping and the goggles while showering. You must stay out of pools, hot tubs, Jacuzzis, rivers/lakes/oceans for two weeks. Do not wear any eye makeup for one full week.

You will return for a check-up appointment the day after your procedure. Ensure arrangements for travel if you cannot see well enough to drive. After this visit, we will arrange your next appointment. If you have any questions, please call our office at (615) 321-8881.

____ (WVI Staff Initials)

Procedural Plan: OD OS OU

_____ Post-op visits global

_____ Enhancement global

_____ 3D Cost

_____ Plugs/Photos

_____ Total Cost

If your care is co-managed, when you come to WVI for your procedure, you must bring a payment in the amount of \$ _____, made payable to Dr. _____, with a separate payment made payable to WVI for the balance of \$ _____. The payment to your doctor will be forwarded from WVI upon completion of your procedure.

Payment to WVI of \$ _____ is due in full prior to your procedure. No exceptions can be made. You may pay by cashier's check (made payable to Wang Vision Institute), money order, VISA, MC or Discover Card. If you wish to pay by personal check, it must be received 2 weeks prior to your procedure so that WVI can ensure it clears the bank.

Your surgery deposit of \$ _____ was paid on _____ This is a **non-refundable** deposit. _____ (Initial here)

The global period (during which all office visits are included) is: _____

The global period for excimer laser keratorefractive enhancements* by Dr. Wang are (Initial here):

1. Enhancements declined _____ **Note:** An enhancement outside the global period will be the cost of the procedure at the time the enhancement is needed.
2. Included for _____ year(s) _____ *

* Annual eye exams are required. If not at WVI, then medical records must be provided. If this requirement is not fulfilled, WVI reserves the right to discontinue free enhancements by Dr. Wang. Enhancements always depend on patient candidacy, and risk versus benefits. It is possible that you may not be a candidate for further surgery by Dr. Wang.

I understand all of the above pre- and post-procedural instructions.

Patient _____ Signature Date _____

Witness _____ Signature Date _____

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