

Day of Surgery Checklist

- Bring your folder with the following paperwork to your appointment:
 - Consent Form, Acuity Plan, Rights and Responsibilities
(Please read and bring with you. Do NOT sign until asked.)
 - Please bring ALL drops with you to your appointment.

FILL PRESCRIPTIONS ONE WEEK EARLY

1. **Zymaxid** – (*Gatifloxacin*) (around \$150 and NOT usually covered by Ins.)
(Place one drop in eye(s) to be treated the night before AND the morning of your surgery.)
2. **Pred Forte** -- *prescription* (do not use until after surgery)
3. **Preservative Free Eye drops** – *over the counter* (2 boxes of 25-30 single use sterile containers. To be used after surgery.)

Your arrival is scheduled for _____ at _____.
You will be in the office for 1 ½ hrs. (Arrival times are tentative and may change)
 (A minimum 72 hour notice is required for all appointment changes)

Remove contact lenses _____ days prior to recheck/treatment

REMEMBER:

- You **NEED** a driver to **bring you, stay with you,** and take you home.
(Arrange a driver for your one day follow-up, if needed.)

*Please eat **before** to your surgery*

NO EYE MAKE-UP, COLOGNE, PERFUME, SCENTED LOTIONS OR CAFFEINE THE DAY OF THE PROCEDURE

Your one day follow-up is scheduled for _____ at _____.

The total cost of your surgery will be:
 \$_____ less deposit of \$_____ = \$_____ due day of surgery
 (Prices are guaranteed for 30 days from pre-operative examination)

*Full payment is required on the day of surgery

Methods of payment:

- Visa, MasterCard, American Express, Discover, Flex, HSA
- Interest free or low monthly payment financing
THERE IS A **LIMIT OF 2** OF THE ABOVE OPTIONS
- Cashiers Check Made payable to Keil Lasik Vision Center
No Personal Checks Accepted, Must be EXACT amount for cash payment

PLEASE NOTE!

Most credit cards have a daily or transaction limit. If using a credit card (IE. Visa, MasterCard, American Express, Discover, Flex or, HSA)

Prior to surgery day,

You will need to call the bank associated with the card, to pre authorize the large transaction.

If you are planning on financing, you have two options:

CARE CREDIT- please apply through their website carecredit.com or by phone 800-365-8295

WELLS FARGO- Please apply at wellsfargohealthadvantage.com/apply

Financing **MUST** be arranged **PRIOR** to surgery day. Bring your account number with you to your surgery.

There is a limit of TWO credit transactions per surgery
(IE. Flex card, HSA card, any credit card or Financing)