

Surgery Day Checklist

- Bring your folder and ALL drops with you to your surgery
- Read **ALL** consent forms prior to surgery, but **do not** sign them.

FILL PRESCRIPTIONS ONE WEEK EARLY

*Drops are required, even if they are not covered by your insurance

1. **Vigamox-RX** Antibiotic (A.K.A Moxifloxacin)
-Place one drop in eye(s) to be treated. Use the **NIGHT BEFORE AND the MORNING OF** your surgery.)
2. **Pred Forte-RX** Anti-inflammatory (A.K.A. prednisolone)
-to be used after surgery
3. **Preservative Free Eye drops** – OTC 2 boxes of 25-30 count individual vials. - to be used after surgery.

TIP: Go to goodrx.com OR Google the names of your medications to check for available rebates or discounts!

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 _____ prior to recheck/treatment
_____ **LAST DAY WITH CONTACTS!**

REMEMBER:

- You **NEED** a driver to **bring** you, **stay with you**, and take you home.

*Please eat **prior** 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 _____.

If you need to cancel or reschedule your appointment less than 72 hours prior, a \$250 fee will be required prior to rescheduling. \$200 of that payment will serve as a deposit toward your surgery.

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 or Money Order Made payable to Keil Lasik Vision Center
Sorry, No Personal Checks or Cash Accepted

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:

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

CARE CREDIT- please apply at carecredit.com

We offer 12 months 0% interest through Care Credit with a monthly payment as low as \$187/ month!!!

WELLS FARGO- Please apply at wellsfargohealthadvantage.com/apply

We offer 24 months 0% interest through Wells Fargo with a monthly payment as low as \$94/ month!!!!

There is a limit of TWO credit transactions per surgery

(ie Flex card, HSA card, any credit card or Financing)