

LASIK PRE-OPERATIVE CHECKLIST

If you wear Contact Lenses:

- Discontinue contact lenses _____ week(s) prior to pre-op.
- Discontinue contact lenses _____ week(s) prior to surgery.
- No contacts lenses starting: _____

Schedule a pre-op (dilated exam) with Dr. _____

- Complete By: _____

Schedule 1-day post-op: _____



Start an Omega-3 (1,000mg) Fish Oil **1 WEEK BEFORE** your procedure.
Take 2 soft gels per day with food.

Start on _____ *over the counter



Start Preservative-free Lubricant Eye Drops, **1 drop in each eye 4x per day.**

Start on _____ *over the counter

Please fill out all paperwork to bring with you on the day of your procedure.

Pick up/receive medications.