

Brass Eye Center

Refractive Checklist and Consent

Please review when received, and initial prior to your consultation:

I understand that I should have a driver the day of my consultation, because my eyes will be dilated. Light sensitivity is common after dilation, and may last up to 48 hours. Light eyed people typically stay dilated longer than dark eyed people. Bring a pair of sunglasses with you to the consultation. _____

If you wear contact lenses remove them prior to your consultation; continue reading for more details. Contact lenses change the shape of the surface of the eye, and can alter important measurements that Dr Brass will need, to perform your vision correction surgery. It is important you remove your lenses as instructed, because it will allow your eyes time to return back to their natural shape. You will have the best possible outcome; if at the time of consultation, measurements, wave scan, and surgery your eyes have returned to their natural shape.

I understand that I cannot wear soft contact lenses for 7 days prior to my consultation. _____

I understand that I cannot wear hard contact lenses for 21 days prior to my consultation. _____

I understand that when I reach the age of Presbyopia (usually in your forties) I will need reading glasses. _____

I understand that pregnancy, planning pregnancy, nursing a baby or within 6 months of delivery of a baby, that I should postpone my decision to have vision corrective surgery due to hormonal changes that can affect my vision. _____

I understand that certain medical conditions are a contraindication for elective surgery. Rheumatoid Arthritis, Lupus and other Auto Immune Diseases disqualify me from treatment. _____

I understand that if I currently have dry eyes, it may worsen after vision correction surgery. If I do not have dry eyes, it may develop and persist for several months after treatment. I understand that dry eye is treatable and Dr. Brass will treat my dry eye pre/post-surgery, at no additional cost to me. _____

Review in advance; but do not initial until your exam and consultation is complete:

I understand if I am a good candidate for vision correction surgery, I will need a wave scan. A wave scan will allow Dr. Brass to customize my treatment in each eye. The surgery center will contact me to schedule the wave scan, and I understand there is no additional fee for the wave scan. _____

I understand I cannot wear contact lenses prior to the wave scan, or vision correction surgery. I will remove my soft contact lenses 2 weeks in advance, hard contact lenses 4 weeks in advance. _____ N/A _____

I understand that taking Vitamin C will aid in the healing process. I have been advised to take one Vitamin C 500mg time released capsule per day, for 2 weeks prior to surgery, and for 3 months after surgery. _____

I understand that protecting my eyes from the sun is very important and I should wear UV blocking sunglasses while outside. _____

I understand that I cannot wear contact lenses prior to my surgery. Soft contact lenses 2 weeks and hard contact lenses 4 weeks. _____

It is best if I am having surgery within the next month to avoid putting my contact lenses back in. _____

I understand that I will need a driver the day of my surgery and for my first post-operative appointment. _____

I understand that I will need to wear a clear plastic shield home from the surgery center the day of surgery. I will wear the shield while sleeping or around small children and/or animals for 5 days after surgery. _____

I understand that an early common side effect of any corneal treatment may include light sensitivity with or without glare/halos. These symptoms can last for several days after treatment, but have been reported to last for several months. _____

I understand with any surgery, there is risk of infection. Dr. Brass will use every precaution to prevent infection, at the time of treatment. He will prescribe antibiotic eye drops to be used after treatment to prevent infection. It is my responsibility to use all medications (eye drops) ordered as directed by Dr. Brass. _____

I understand that as with any surgical procedure, there is no guarantee of perfection. _____

I, _____ have reviewed the above information with _____
prior to signing on / / /.

Patient Signature

Witness Signature