

Laser Vision Correction REFERRAL CHECKLIST

The following checklist may be helpful when evaluating and referring patients to Pacific Cataract and Laser Institute for laser vision correction. Please feel free to make copies as needed or order additional forms.

Patient's Name _____

- Patient Eligibility**
- Patient is 18 years old or older
 - Refraction has been stable (+/- .5 D) over previous 12 months for low to moderate myopes and over previous 2 years for high myopes
 - No contraindications are present

- Patient Education**
- Patient has read PCLI's instructional booklet, designed to prepare them for laser surgery, and fully understands the risks and benefits of treatment
 - Fees have been discussed

- Pre-Operative**
- Patient has left contacts out for the appropriate number of days before your evaluation exam
 - Refractive surgery evaluation exam has been performed
 - Patient understands that, before surgery, the surgeon requires them to read and sign a consent form for surgery verifying that they have been fully informed as to the risks and possible side effects
 - Patient has been advised to schedule time off work and not to drive after surgery
 - Patient understands the importance of post-operative care
 - Refractive Surgery Referral* form has been sent to PCLI

- Surgery** After we receive your completed referral form we will call your patient to:
- Schedule a convenient surgery date and time
 - Remind them to leave contact lenses out before surgery
 - Review before-surgery instructions and after-surgery care
 - Answer any questions
 - Ensure that the patient understands the importance of follow-up exams and instruct them to schedule follow-up care with your office

- Questions?** If you have any questions about patient education, the referral process, surgery or follow-up care, please contact Pacific Cataract and Laser Institute.