

PREOPERATIVE ICL SURGERY INSTRUCTIONS
SOUTHPARK SURGERY CENTER

Patient's Name: _____

Physician: Scott L. Jaben, M.D.

Procedure: IMPLANTABLE CONTACT LENS _____ EYE(S)

Date of Surgery: _____

Location of Surgery: Presbyterian Surgery Ctr.- SouthPark at Charlotte Eye Ear Nose
and Throat Associates – Third Floor

Nurse calls 704-295-3009 General Information 704-295-3080

Approximate Time of Arrival on Day of Surgery: _____

1. Bring this form, doctor's orders, or any other forms your doctor has given you.
2. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY.**
3. The hospital will call you prior to surgery.
4. Wear comfortable clothing-something easy to take off and put on.
5. **DO NOT WEAR MAKE-UP OR NAIL POLISH.**
6. **DO NOT WEAR JEWELRY** (watch, wedding rings, or other rings, necklaces, etc.). Please leave these items at home.
7. Arrange to leave all personal items and valuables (billfold, pocketbook, eyeglasses, etc.) with a family member.
8. Please arrange to have someone accompany you to surgery and take you home. You will not be able to drive yourself home. The telephone number of the person taking you home must be given at the time of registration.
9. Please bring medications you are presently taking with you on the day of surgery.
10. **IF FOR ANY REASON YOU CANNOT KEEP YOUR SURGERY DATE, PLEASE CALL AS SOON AS POSSIBLE PRIOR TO THE DAY YOUR SURGERY IS SCHEDULED.**

REMEMBER THE FIRST POSTOPERATIVE CHECK WILL OCCUR ON THE SAME DAY OF SURGERY BY DR. JABEN IN THE SOUTHPARK OFFICE AT 3 TO 4 HOURS AFTER THE COMPLETION OF SURGERY.

ONE-DAY RECHECK WITH DR. JABEN: _____