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21700 Kingsland Blvd. Suite 102 Katy Medical Complex Professional Building 1 Katy, TX 77450 Ph. 713.797.1010 Fax.713.797.6200 Edward C. Wade, M. D Ting Fang-Suarez, M. D. Mark L. Mayo, M. D. Randall N. Reichle, O. D Christopher D. Allee, O. D. Jill Autry, O. D. Amanda Bachman, O. D. Julie Ngo, O. D.

Patient Name: ______ Date of Surgery: ______ Arrival Time: _____ Surgeon: Dr. Edward C. Wade Pre-Operative Instructions for INTACS

PLEASE FOLLOW ALL OF THE INSTRUCTIONS BELOW, FAILURE TO DO SO MAY RESULT IN THE CANCELLATION OF YOUR PROCEDURE.

1). If available, try to scrub your eyelashes with a "lid scrub" product once a day, starting 3 days prior to your surgery. (Scrub both eyes).

2). In your operative eye(s), use 1 drop of Zymaxid, Acular PF and Pred-Forte 4 times a day, the day prior to surgery. (*Wait at least 5 minutes between drops*).

3). Scrub eyelashes with a cotton swab (Q-tip) soaked with Zymaxid (1-2 drops) the evening prior to your surgical procedure.

4). The morning of surgery instill 1 drop of Zymaxid in the surgery eye(s).

5). You will be required to return for a post-operative visit 1day after your procedure.

6). Please bring *ALL* of your eye drops with you on the day of surgery and on your 1 day post-op visit.

7). If you have any questions or concerns regarding your procedure, please do not hesitate to ask. It is important that you completely understand the circumstances surrounding your surgical procedure. We are always available for your questions. You may contact our office Monday through Friday, from 8am till 5pm. Our trained staff will answer your question(s) or direct your concern to a Doctor.

I, ______ understand the above instructions as they have been explained to me. I will follow the detailed drop regiment as directed and will address any and all questions or concerns to Eye Center of Texas.

Patients signature: _____

Date: _____

Copy given to pt. _____ (pt. initials). Surgery coordinator: _____