

Name: _____

Arrangements have been made for _____
of the _____ eye at the Brighton Surgery Center which is located at
980 West fall Rd. You can reach them at 585-295-8500.

Your surgery date is: _____

Preoperative appointment is scheduled for: _____.

The surgery center will contact you prior to surgery to discuss your health status and to let you know if any pre-surgical physical and EKG is required.

THE SURGERY CENTER WILL CALL YOU THE DAY BEFORE SURGERY WITH THE ARRIVAL TIME.

The surgery center requests that you are accompanied by an adult driver, who stays with you at the surgery center during your entire visit. Pediatric patients must be accompanied by a responsible adult, who must remain at the surgery center during the child's entire visit.

Do not eat or drink anything after midnight the night before surgery, including gum, candy or mints. **You may** have clear fluids, water, apple juice or coffee with sugar but no cream up to four hours before your scheduled surgery time.

You may take the medication approved by the surgery center the morning of surgery with a small amount of water.

If you take Aspirin or Ibuprofen routinely please inform the surgical coordinator.

Flomax or **Uroxatrol** must be discontinued today and can be restarted when all surgery is complete.

You may use Tylenol until midnight the night before surgery. If you currently take **Coumadin** or **Warfarin** you will need blood work done one week prior to surgery. Based on your results your physician may adjust your dosage.

Return to the office to see Dr. _____ on _____ at _____

and on _____ at _____.

