

Witness Signature/Date

Dr Lindahl's recommendations:		
LenSx Yes or No (circle one)		
OD Lens		
OS Lens		
First Eye		
Notes		

Patient:	ACCT #:	
	Preoperative Checklist and Instructions	
	3 weeks before the procedure. Start Drops 3 days prior to procedure.	
	enter your health history (instructions provided). rices one week before the procedure.	
 The Surgery Center will call surgery will be. 	I you in the afternoon the day before surgery to tell you what time your	
	midnight the night prior to your surgery. This includes Gum, Candy, and Mir or postponed if this is not strictly adhered to.	nts
	ns unless otherwise instructed by the surgical center or Dr Lindahl.	
· · ·	truct you what medications to take the day of surgery.	
<u> </u>	rtation to and from the surgery center on the day of surgery as well as your	•
• The surgery center require	s you to have someone remain in the car at the center during your surgery after surgery due to anesthesia.	
•	e worn for the first week after surgery while sleeping. Sunglasses provided a ek only following surgery (no UV protection for long term use).	are
-	surgery, you may proceed with normal activities with exceptions of: no he enuous exercise and no swimming/spas.	avy
No eye makeup for the firs	·	
• Call for any changes of vision	on or other alarming symptoms that occur between appointments.	
Covid testing may or may r	not be covered by your insurance. Please call your insurance company to	
determine if you will have	an out-of-pocket expense. We use U of R or Rochester Regional labs.	
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