



www.doughertylaservision.com

Westlake Village
4353 Park Terrace Dr Ste. 150
Westlake Village, CA 91361

Camarillo
1821 E Daily Dr.
Camarillo, CA 93010

Simi Valley
2796 Sycamore Dr, Ste. 101
Simi Valley, CA 93065

Encino
16130 Ventura Blvd. Ste. 120
Encino, CA 91436

Newbury Park
1000 Newbury Rd Ste. 220,
Thousand Oaks, CA 91320

Ventura
5682 Telephone Rd. Ste.1
Ventura, CA 93003

ICL PRE-OPERATIVE INSTRUCTIONS

- Contact lenses must be removed prior to the lens measurements for surgery:
 - Soft lenses 3-5 days
 - Soft-toric lenses a minimum of 5-7 days
 - RGP (hard lenses) a minimum of two weeks
- After the lens measurements, you may wear your contact lenses again until the day before surgery.
- If you take blood thinners, you will be asked to discontinue 5 days before surgery, with the approval of your primary care doctor.
- A medical history profile may need to be approved by primary care doctor.
- **Please eat a light meal prior to surgery. It is best to have food in your stomach prior to us giving you the relaxation medication.**
- Plan to be at the clinic center for 3 hours on the day of surgery. We will ask you to return 1 hour after the procedure to check the pressure in your eye(s).
- You will need someone to drive you home day of surgery and possibly to your 1-day postoperative visit.

MEDICATIONS:

- Make sure you obtain a written prescription for your postoperative eyedrops, or you may purchase a drop kit from our office

*****Drops are only needed AFTER SURGERY- see post op instructions for details*****

FINANCIAL ARRANGEMENTS

- Please have all financial matters completed **prior** to your arrival for surgery.
- Payment for surgery will be requested when you check in for surgery.
- We accept cashier's checks, personal checks, Visa, MasterCard, Discover, Amex or Financing. No cash accepted at this time.
- Financing available through Alphaeon or Care Credit- please inquire for details



(805) 987 - 5300



(818) 707 - 7668



(818) 874 - 3048



info@DoughertyLaserVision.com

POST-OPERATIVE CARE FOR EVO ICL

You may return to your normal activities the same day as surgery, if you feel up to it, with the following exceptions:

- You may feel groggy from the anesthetic medication for the first 24 to 48 hours after surgery. If you feel groggy or tired, feel free to sleep or relax as much as possible until you feel back to normal.
- When you shower or bathe, avoid getting soap/water directly in the operative eye(s) for 5 days after surgery.
- Avoid bumping or rubbing your eyes the first few months after surgery.
- Avoid swimming, hot tubs, and water sports for five days after surgery.
- You should not drive a car or operate heavy machinery for at least 24 hours, and after that not until you feel comfortable with your level of vision. Many people experience blurriness or haziness for the first 3 to 5 days after surgery.
- Do not lift more than 20 lbs or bend past your waist for five days.
- No eye make-up (eyeliner or mascara) for 5 days following surgery. Other types of facial make-up are acceptable.

OTHER INSTRUCTIONS

- When you sleep, you must tape on the plastic shield(s) over the operative eye(s) for 1 week after surgery.
- It is not unusual to have double, blurry or fluctuating vision for 3 to 7 days after surgery.
- A scratchy, itchy feeling or minor discomfort from the incision in the operative eye(s) is common for the first 3 to 5 days following surgery.
- Use artificial tears as often as needed for irritation, dryness or gritty feeling.
- Take acetaminophen (Tylenol) or ibuprofen (Advil) for minor pain or discomfort in the first 24 to 48 hours after surgery, if needed.
- Continue to take any regular medication for any health conditions as ordered by your family physician.
- If you experience severe eye pain, throbbing or loss of vision, please call us immediately at (805) 987-5300

You must return the day after surgery for a mandatory appointment.
This appointment cannot be missed. Please call us to schedule if you
have not already.






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You must return the day after surgery for a mandatory appointment.
This appointment cannot be missed. Please call us to schedule if you
have not already.

I have read the post op instructions and had the opportunity to ask questions and have them answered to my satisfaction.

Signature of Patient: _____ Date: _____

Signature of Witness: _____ Date: _____



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ICL Post-Operative Drop Instructions

Please bring all post-operative drops to your 1 day and 1 week appointment for review.

2 in 1 Combination Drops – to be provided by your Patient Counselor

1. Drop name – Prednisolone/Gatifloxacin Ophthalmic Solution

Cap color – **Light Blue**

Instructions: Start date: _____ End date: _____

- ☐ *Week #1: apply 1 drop 3 times per day in the eye(s) that had surgery. Then Discontinue.*



2. Drop Name – Alphagan P or Brimonidine

Cap color – **Green**

Instructions: Start date: _____ End date: _____

- ☐ *Week #1 – apply 1 drop 3 times per day in the eye(s) that had surgery. Then discontinue.*



--OR--

Individual Drops – to be filled and provided by your Pharmacy

****You must pick up all 3 drops from your pharmacy prior to PRK surgery****

****Apply drops a minimum of 3 minutes apart****

1. Drop name – Moxifloxacin or Ofloxacin or Besivance

Cap color – **Tan**

Instructions: Start Date: _____ End Date: _____

- ☐ *Week #1 – apply 1 drop 3 times per day for 1 week in the surgical eye. Then Discontinue.*



2. Drop Name – Lotemax Gel or Prednisolone Acetate

Cap color – **Pink or white**

Instructions: Start Date: _____ End Date: _____

- ☐ *Week #1 – apply 1 drop 3 times per day in the eye(s) that had surgery. SHAKE BOTTLE. Then discontinue.*



3. Drop Name – Alphagan P or Brimonidine

Cap color – **Green**

Instructions: Start date: _____ End date: _____

- ☐ *Week #1 – apply 1 drop 3 times per day in the eye(s) that had surgery. Then discontinue.*



If you have new pain or a sudden decrease in vision please call DLV or your co-managing optometrist



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Directory

Thank you for choosing DLV Vision. Congratulations on taking the next steps to improve your vision! We are honored to be able to help assist you along in this journey. We understand you may have some questions regarding your surgery or treatment and may need assistance. Please reference the below directory to ensure we are better able to assist you with your questions.

Have Questions about your Fees/ Surgery Type/ Lens Package? Call your Patient Counselor:

Patient Counselor	Email	Phone Number + Extension
Christina Cox	CCox@DoughertyLaserVision.com	(805) 987-5300 ext. 1089
Crystal Segura	CSegura@DoughertyLaserVision.com	(805) 987-5300 ext. 1027
Dana Batista	DBatista@DoughertyLaserVision.com	(805) 987-5300 ext. 1026
Diana Andre	DAndre@DoughertyLaserVision.com	(805) 987-5300 ext. 1093
Hilary Brown	HBrown@DoughertyLaserVision.com	(805) 987-5300 ext. 1010
Lucy Aguayo	Lucy@DoughertyLaserVision.com	(805) 987-5300 ext. 7004
Ryanne Mora	RMora@DoughertyLaserVision.com	(805) 987-5300 ext. 1031

Have Questions about Surgery Instructions, to Change or Re-schedule Surgery – Surgery Coordinator

Jennifer Recinos	JRecinos@DoughertyLaserVision.com	(805) 987-5300 ext. 1019
Deborah Haros	DHaros@DoughertyLaserVision.com	(805) 987-5300 ext. 1016
Tina Villa	CVilla@DoughertyLaserVision.com	(805) 987-5300 ext. 1012

Questions about Insurance Benefits: Billing Department

Billing Department	Billing@DoughertyLaserVision.com	(805) 987-5300 ext. 1003
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Feedback/ Complaints/ Suggestions: Manager

Kristin Michel	KMichel@DoughertyLaserVision.com	(805) 987-5300 ext. 2013
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