

# YOUR APPOINTMENTS

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**Please read all the instructions in this surgery packet prior to your surgery date.**

**Name:** \_\_\_\_\_

**Pre-operative Appt:** Date \_\_\_\_\_ Time \_\_\_\_\_ in Poulsbo

\_\_\_\_\_

**First Eye:** Right / Left

Surgery Day: \_\_\_\_\_ Pacific Surgery Center  
1 day post op : \_\_\_\_\_ @ \_\_\_\_\_ in Poulsbo/Port Townsend  
1 to 2 week post op: \_\_\_\_\_ @ \_\_\_\_\_ in Poulsbo/Port Townsend

**Second Eye:** Right / Left

Surgery Day: \_\_\_\_\_ Pacific Surgery Center  
1 day post op: \_\_\_\_\_ @ \_\_\_\_\_ in Poulsbo/Port Townsend  
1 to 2 week post op: \_\_\_\_\_ @ \_\_\_\_\_ in Poulsbo/Port Townsend

**Surgery arrival times will be determined by Pacific Surgery Center. They will contact you, by phone, one business day prior to your surgery date.**

**You must be out of your soft contact lenses 2 weeks prior to pre-op appointment.  
You must be out of your rigid gas permeable contact lenses 3 weeks prior to pre-op appointment.**