



James Lin, M.D.
20669 Bond Road NE
Poulsbo, WA 98370
(360) 779-2020

Pre-Op Ocular Surgery Instructions

Name of Patient _____

Date of Surgery _____

The Surgery Center will call you one business day before your surgery with your arrival time.

Please call (360) 779-6527 for surgery check in time information.

**Regardless of your surgery time,
DO NOT HAVE ANYTHING TO EAT OR DRINK AFTER MIDNIGHT
THE NIGHT BEFORE YOUR SURGERY**

- Have a responsible adult (family, friend, neighbor) come with you to provide transportation to and from your appointment. Please arrange to have someone stay with you during the first 24 hours after surgery.
- The morning of surgery, *take your cardiac, blood pressure and reflux medications with a small sip of water*, unless directed by your physician or anesthesia provider. If you currently take medications for chronic pain or anxiety, you may take your normal dosage, with a small sip of water, prior to surgery.
- Follow your Primary Care Physician's instruction regarding your insulin or oral diabetic medications.
- If you have glaucoma, continue to use your glaucoma medications unless instructed otherwise.
- Take a shower or bath the morning of or night before surgery. **No makeup, Lotion or Perfumes, etc.** Please leave all valuables at home.

IF YOU HAVE ANY QUESTIONS PLEASE CALL the Pacific Eyecare Surgery Coordinators office:
(360) 626-5232.

YOUR ONE DAY POST-OP APPOINTMENT IS ON _____
AT _____ IN THE POULSBO / PORT TOWNSEND OFFICE.

****Please bring your surgery kit with surgery drops to your post op appointments****



James Lin, M.D.
 20669 Bond Road NE
 Poulsbo, WA 98370
 (360) 779-2020

THREE (3) full days before surgery.

Surgical Eye _____

Pred-Moxi-Nepaf (3 in one) Compounded Drops

One drop **3 times per day.**

We recommend you instill your drops:

- Morning •Lunch •Dinner

3 Times a Day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 Times a Day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 Times a Day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Day of Surgery: _____

Upon Wakening:

One Drop

Before leaving for Surgery:
 (Regardless of the time you instilled
 your fist drop)

One Drop

Put your bottle in your black surgery kit with clean eye shield and bring it with you to your surgery. Failure to bring these items with you to your surgery will result in cancelation or postponing of your surgery.