

Your surgery date for your _____ eye is: _____
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Please note that your surgery time will be given to you 1 week prior to your surgery

Arrival Time: _____ **Surgery time may change. You will be contacted in advance if a time change is required.**

On arrival, please go directly to the Main Entrance of the hospital to the Patient Registration Desk. You will be required to pay for any premium lens fee if you have decided to upgrade your lens. After registration, please proceed to the 3rd Floor Day Surgery Department via the Main or Montgomery Elevator.

Parking: The parking lot is located on 555 Finch Avenue West. Parking hour are from 7:00am to 7:00 pm daily Monday to Friday.

Food: **Do Not** have solid foods or milk products after Midnight the night before surgery.

Beverages: You may have clear liquids up to three hours before admission to the facility.
Clear fluids include water or apple juice only.

Reminders: Please bring your OHIP card to every visit.

Please bring a valid form of payment (visa,m/c,debit,cash) if you are purchasing a premium lens.

Please wear loose comfortable clothing with a full button up front, as you will not be required to wear a hospital gown.

You will be discharged from the facility 20-45 minutes after surgery.

We recommend that you do not bring valuables to the facility or wear any eye makeup.

If necessary, please arrange for a family member/friend to act as translator.

Please arrange for an escort to accompany you home.

You will not be able to drive a car for 24 hours post surgery.

If you regularly take blood pressure or heart medication, please take as usual on the morning of surgery. If you are diabetic, do not take your oral medication or insulin on the morning of surgery.

A \$500.00 fee will apply for patients that cancel surgery with less than a one week notice. A \$100 fee will apply for patients who change their surgery date.
