

Hollingshead Eye Center would like to make your visit as pleasant as possible. We have provided a checklist to help in your preparation.

Before Surgery

- You will need to be out of your contacts for _____ week(s) before your pre operative exam.
- If you are doing your pre op with your optometrist, you will need to call and schedule this appointment.
- Prior to your surgery, you will need to have your prescription antibiotic and anti-inflammatory eye drops filled. Please bring these with you on surgery day.
- You will need to purchase a minimum of 30 vials of **preservative free artificial tears**. They come in individual vials vs a bottle and will specify this on the box. Some common brands are: Systane, Refresh, Thera, Bion, Genteal, and Soothe.
- Please fill out your medical history and demographic forms provided by your counselor. If misplaced, you can print them from our website at www.HollingsheadEyeCenter.com. Select the "For Patients" tab, then "Patient Forms", and then the "New Patient Packet" PDF file. You cannot submit these forms online. Please fax them to (208) 426-0902 or bring these with you to your next appointment.



Day of Surgery

- Payment is required at the time of the procedure. We accept most forms of payment. If you are paying with a credit card, debit card, FSA, or HSA, please verify with your financial institution that there is not a daily limit. This will help your check-in go smoothly.
- Eat as you normally would, but refrain from products containing alcohol or stimulants.
- You will need to arrange for transportation to and from Hollingshead Eye Center as you should not drive following the procedure.
- Plan on being at the office for approximately 2-3 hours.
- Scented products may affect the laser. Do not wear items with fragrance such as perfumes, deodorants, lotions, or hairspray.
- Do not wear makeup.

Appointment Dates & Arrival Times

Pre Operative Exam	Date: _____	Time: _____	<input type="checkbox"/> Hollingshead Eye Center <input type="checkbox"/> My Optometrist
LASIK Surgery	Date: _____	Time: _____	Arrival Time
1 Day Follow Up	Date: _____	Time: _____	<input type="checkbox"/> Hollingshead Eye Center <input type="checkbox"/> My Optometrist
2nd Follow Up	Date: _____	Time: _____	<input type="checkbox"/> Hollingshead Eye Center <input type="checkbox"/> My Optometrist



Mark E. Hollingshead, MD

360 East Mallard Drive, Suite 110
Boise, ID 83706
(208) 336-8700

Ryan T. Barrett, MD