Eye Surgery Center Of Chester County, LLC

DBA: VISION ONE LASER AND SURGERY CENTER

140 John Robert Thomas Drive • Exton, PA 19341 Phone: 610-280-9144 • Fax: 610-280-0797

DISCHARGE INSTRUCTIONS

OP	EF	RΣ	T	10	N
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VSC040 12/21

☐ Right	□ Cataract Extraction	With intraocular le	ns implant		
☐ Left	□ Retinal Surgery	·			
☐ Bilateral	☐ Trabeculectomy ☐	-	☐ Eye Plastic Surgery		
(or operate machin	ral anethesia, sedation or medi	ication for pain while under our y legal documents for 24 hours.			
LIMITATIONS					
☐ None ☐ D ☐ Do not rub eye a	riving C at any time Other	⊒ Stairs	☐ Lifting		
DIET					
	liquids, then light foods c diet and medications				
WOUND CARE	E				
='	b bath/shower, but keep eye/pat or minutes every	•			
MEDICATIONS	3				
•	ver the counter pain medication	-			
☐ Eye drops:	none see attached Today	is day #1 of drop schedule.			
☑ Resume all reg	ular medications as ordered	by your doctors			
ADDITIONAL	INSTRUCTIONS				
-	be administered 3-5 minutes a	•			
 Please bring kit a Other 	and drops to your post-operativ	ve appointment			
WHEN TO CA	LL FOR MEDICAL ADV	/ICE			
experience persista	ant nausea and vomiting, any		certain individuals. Should you eme swelling, fever above 100° F, ir eye physician or go to your local		
PHYSICIAN'S	SIGNATURE	P	HONE		
			me		
Instructions given	by	Date			
			S: AND		
Patient/Responsib	le Party's Signature	Date			

COPY-PATIENT

ORIGINAL-CHART