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Patient Name: _____

TELL US ABOUT YOUR EYE DOCTOR

At Toledo LASIK & Cataract, we make it our mission to provide you with the best possible care, and to make you feel comfortable throughout your entire LASIK experience.

Do you have a strong existing relationship with your eye doctor? If so, you may want to include him or her in your LASIK process, for personal comfort or convenience.

Because we have relationships with many eye care professionals in Northwest Ohio, Toledo LASIK & Cataract may be able to arrange for a portion of your post operative care to be provided through your regular eye doctor, if you so desire.

To help us determine if this is an option for you, please answer the following questions:

1. Has your eye doctor mentioned that you were a candidate for LASIK eye surgery?
 Yes No
2. Has your eye doctor mentioned Toledo LASIK & Cataract as an option for LASIK?
 Yes No
3. Would you prefer to have all of your care at Toledo LASIK & Cataract, or would you prefer to include your eye or doctor in your LASIK experience?
 At Toledo LASIK & Cataract
 Include my eye doctor
4. After 1 year of LASIK care, would you prefer to:
 Return to your previous eye doctor?
 Continue your eye care at Toledo LASIK & Cataract?
5. Who is your current eye doctor? (Please provide name, address and phone number, if possible.)

Eye Doctor's Name: _____

Address: _____

City: State Zip: _____

Phone: _____