

Diplomate, American Board of Ophthalmology Cataract and Refractive Surgery Comprehensive Ophthalmology

## PRE-OPERATIVE INSTRUCTIONS FOR SURGERY

Pat	ient Name:		
SURGERY LOCATION:			
Retina Ambulatory Surgery Center		Gramercy Surgery Cen	
138-140 East 80 <sup>th</sup> St.		380 Second Ave #10 Fl	oor
New York, NY 10075		New York, NY 10010	
(Lexington Ave towards Park Ave)		(between 21 Street & 22 Street)	
Tel: 212-772-6830		Tel: 212-254-3570	
DAY OF SURGERY:			
Right Eye / Left Eye :		with a tentative time of	AM/PM
Right Eye / Left Eye:		with a tentative time of	
	<mark>/al time 24 hours prior to s</mark>	surgery date. Please be advised that you will	be at the surgery center for
approximately 2-3 hours.			
Bring to surgery:		medications and dosages (or bring the larger of the larger	medications themselves)
Do not wear	·		
Generic eye drops will be surgery.  Brand/Premium eye dro drops are to be started a	e sent to your local phanes.  ps will be sent to Apoth day before surgery.	rice before or immediately following you rmacy prior to your surgery date and wi necary pharmacy, and they will contact y rtment please do not eat or drink anyth	II have to be stated a day before
not require that you stop	o aspirin, Coumadin, Pla u need to adjust <b>any</b> m	ter (no juice, coffee, or milk) on the mor vix, or other blood thinners for cataract edication before or after surgery. If you	surgery. Please ask your
<b>ESCORT HOME:</b> Following NY State regulation	ons someone must pick yo	u up after surgery. We can refer you to a me	edical escort if needed.
POST OP VISIT: EYE C	ENTER OF NEWYOR	RK – 30 East 60th Street, Suite 2002	2
		AM/PM with Dr. Ravi	
R / L Eye:	at	AM/PM with Dr. Ra	viv   Dr. Lee   Dr. Sherman
If you have any question:	s, call us at (212) 889-35	550. Thank you, and we look forward to	taking care of your eyes.