



**NORTH IDAHO
EYE INSTITUTE**

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Thank you for scheduling your surgery with North Idaho Cataract and Laser Center. Our goal is to provide you with the best possible vision outcome. We value your time; in order to keep your pre-surgery appointment at a minimum, please read the following information.

- ✓ The included DVD is 20 minutes long and discusses cataracts, surgery expectations, possible risks and complications. It also discusses information that is included in our surgery consent forms that will be signed later. Please watch it at home and invite any family or caregivers that will be involved in your pre and post-surgery care. Return the DVD when you come for your appointment.
- ✓ Please complete all forms prior to this appointment and bring them with you. The health history and medication list can be filled out at home with the help of a family member if needed. Both forms are two sided. Please write down any questions or concerns that you would like to discuss with the pre-surgery staff or nurse.
- ✓ Your Pre-Surgery appointment is on _____ at _____ and will be approximately 1 hour.
- ✓ Surgery counselors will discuss any questions you may have, explain the consent forms, and have you sign them at that time. (If you are a patient's Power of Attorney, please provide the proper documentation in order for you to sign the consent forms.)
- ✓ The nurse will review your health history, medications, and allergies in detail. Your vital signs will also be taken at this time. Instructions for pre and post-surgery will be discussed and you will be provided a written copy to take home.
- ✓ An ophthalmology technician will take measurements of your eyes in order to provide the surgeon information to select the lens implant that is right for you.

We will be calling you a day before to confirm your appointment time.

Please contact us if you have any questions.

667-2531 Ask for Pre-Surgery.

"Providing compassionate and exceptional eye care"