

# FREQUENTLY ASKED QUESTIONS



## How much does laser vision correction cost?

- > Standard LASIK \$490 - \$1,690/eye\*
- > Custom LASIK \$1,740 - \$2,690/eye\*

\*Prices are subject to change

## What types of procedures does LASIK MD perform?

- ✓ Standard LASIK (+ All-Laser)
- ✓ Custom Wavefront LASIK (+ All-Laser)
- ✓ Standard PRK (+ All-Laser)
- ✓ Custom Wavefront PRK (+ All-Laser)
- ✓ Refractive Lens Exchange
- ✓ PresbyVision™ (Laser and Lens)
- ✓ Phakic IOL
- ✓ Corneal Cross Linking

## Are consultations free? Yes!

## What are the recommended contact lens removal protocols prior to both a consultation and surgery?

- > Soft (daily or extended wear, and toric) At least 24 hours
- > Rigid gas permeables At least 1 week

## How long does a consultation last?

Patients should plan to be at the clinic for **1.5-2 hours**.

## How long is surgery?

The surgery itself is **10-15 minutes**, but patients should plan to be at the clinic for 3-4 hours.

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## Can patients drive to their surgery?

No, patients need a driver on the day of surgery and for their post-operative appointment the day after. Their eye doctor will confirm when they can drive again.

## What about post-op care?

Depending on procedure type, typical follow up visits are one (1) day, one (1) week, one (1) month, three (3) months and one (1) year after the procedure.

## Are financing options available?

Yes! Flexible financing plans are available.

## Does LASIK MD offer Vision Enhancement Plans?

Yes! Different Vision Enhancement Plans are available. Patients will be able to discuss our different plan options during their consultation. To maintain the eligibility of any Vision Enhancement Plans, patients are instructed to continue visiting their optometrist at regular intervals for comprehensive eye exams.

## Determine patient's interest

- > LASIK interest card
- > Co-Management form

Here's an example of our newly-redesigned interest card<sup>†</sup>:

 <b>Vision Group</b>	<small>Fill out this form and give it to your eye doctor to receive information about LASIK or to book a free consultation.</small>
<small>Please select a clinic and fill in the patient's preferred location (required)</small>	NAME: _____
<input type="checkbox"/> <b>LASIK MD</b>	ADDRESS: _____
<input type="checkbox"/> <b>TLC</b>   Laser Eye Centres	CITY: _____ PROVINCE: _____ POSTAL CODE: _____
<input type="checkbox"/> <b>kingLASIK</b>	PHONE NUMBER: _____ DATE OF BIRTH(MM/DD/YYYY): _____
<input type="checkbox"/> <b>LASER VUE</b>	EMAIL ADDRESS: _____
<small>PREFERRED LOCATION: _____</small>	SIGNATURE: _____
	<small><input type="checkbox"/> I agree to receive emails from Vision Group, including newsletters, promotions as well as important service notifications and information. I understand that I can withdraw my consent at any time.</small>
	<b>To be completed by your eye doctor's office.</b>
	Patient's refraction: MANIFEST OR CURRENT SPECTACLE RX
	OD: _____ 20/ _____
	OS: _____ 20/ _____
	PRACTICE NAME: _____
	NAME OF DOCTOR: _____
	ADDRESS: _____
	CITY: _____
	<b>Please fax to 1-800-962-1456</b>

<sup>†</sup>Subject to change

## Ready to go for a consultation or want more information?

- Send interest cards by email to [comanagement@thevisiongroup.com](mailto:comanagement@thevisiongroup.com) or to our toll-free fax number at 1-800-962-1456;
- Let patient know that LASIK MD will contact them for more information and/or to book a consultation;
- Don't forget to put the doctor's name and practice information on the interest card.