TLC Laser Eye Centres

FREQUENTLY ASKED QUESTIONS

How much does laser vision correction cost?	→ $2,750/eye
What types of procedures does TLC perform?	→ Custom Bladeless LASIK → Custom PRK
Are consultations free?	**Yes!**
How long does a consultation take?	Patients should plan to be at the clinic for **1.5-2 hours**.
What are the recommended contact lens removal protocols prior to consultation and surgery?	→ **Soft** (daily or extended wear, and toric): At least 24 hours → **Rigid gas permeables:** At least 1 week
How long is the surgery?	The surgery itself is **10-15 minutes**, but patients should plan to be at the clinic for 3-4 hours.
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. The eye doctor will confirm when a patient 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
What is TLC's Lifetime Commitment (LTC)?	A retreatment is covered free of charge if it can be performed safely and effectively and if the patient has kept up with annual eye exams with their eye care professional. Patients can benefit from our LTC at any one of our 50+ clinics in the US and Canada and this feature is unique to TLC.

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Determine patient's interest

- → LASIK interest card
- → Co-Management form

Here's an example of our newly-redesigned interest card†:



Vision Group

Please select a clinic and fill in the patient's preferred location (required)

☐ LASIK MD VISION

☐ TLC | Laser Eye Centres

☐ kingLASIK

☐ LASERVUE

PREFERRED LOCATION: _____

Fill out this form and give it to your eye doctor to receive information about LASIK or to book a free consultation.

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: _____ / / DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS: _____

SIGNATURE: _____

☐ *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.*

To be completed by your eye doctor's office.

Patient's refraction: MANIFEST OR CURRENT SPECTACLE RX

OD: _____ 20/ _____

OS: _____ 20/ _____

PRACTICE NAME: _____

NAME OF DOCTOR: _____

ADDRESS: _____

CITY: _____

Please fax to 1-800-962-1456

†Subject to change

Ready to go for a consultation or want more information?

- Send interest cards by email to **comanagement@thevisiongroup.com** or to our toll-free fax number 1-800-962-1456;
- Let patient know that TLC 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.