

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Procedure: LASIK Vision Correction Surgery

Discharge Instructions

Dear [Patient Name],

Your LASIK procedure was completed successfully today. Please follow these instructions to ensure proper healing and the best visual outcome.

1. Medications and Eye Drops

- **Antibiotic Drops:** Apply [Number] drops [Number] times per day for [Number] days.
- **Anti-inflammatory Drops:** Apply [Number] drops [Number] times per day for [Number] days.
- **Lubricating Tears:** Use every [Number] hours or as needed for dryness.

2. Activity Restrictions

- Do not rub or touch your eyes for at least one week.
- Wear the provided eye shields while sleeping for the next [Number] nights.
- Avoid swimming, hot tubs, and dusty environments for two weeks.
- Avoid eye makeup and facial creams for one week.
- Wear sunglasses when outdoors to protect against UV light and sensitivity.

3. What to Expect

- It is normal to experience mild irritation, scratchiness, or light sensitivity today.
- Your vision may be blurry or fluctuate for the first few days.
- Small red spots (bruising) on the white of the eye are normal and will fade.

4. Emergency Contact

Contact us immediately at [Phone Number] if you experience:

- Severe or worsening eye pain.
- Sudden, significant loss of vision.
- Increasing redness or discharge.

5. Follow-Up Appointment

Your next appointment is scheduled for: **[Date and Time]**.

Sincerely,

[Doctor Name]

[Clinic Name]