Pre-Scheduling Cataract Surgery Questionnaire

Name: DOB:	
0 H	ave you ever had Lasik?
o De	o you wear contact lenses?
.,	o If so, how long have you been out of the contact lenses?
0 W	ere you referred by another eye doctor?
0 W	hat type of insurance do you have?
0 De	o you use pressure (glaucoma) drops?