

Applicant's Name:	Completed by:	Date:
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LASER EYE SURGERY SUPPLEMENTAL APPLICATION

PATIENT CARE PRACTICES:

1. Are all patients provided detailed written instructions to read at home prior to the procedure that include:
 - a. (In)eligibility criteria; YES NO
 - b. Comprehensive list of side effects and risk factors; YES NO
 - c. The need for a designated driver at the time of discharge; and YES NO
 - d. Post-Op work and leisure activity restrictions for day-one and for two-weeks post-op? YES NO

2. Do you have controls in place for proper patient identification before each surgical procedure? YES NO

3. Do you have controls in place to prevent:
 - a. Refractive error? (Please describe) YES NO

 - b. Errors relating to transposition of numbers into the laser computer? (Please describe) YES NO

 - c. Left eye/Right eye errors? (Please describe) YES NO

4. Do you have after-hours emergency on-call procedures established? YES NO

Comments Section:
