



627 W. East Ave.
Chico, CA 95926
342-1800

patient label

**PABLO ARREGUI, MD / BENJAMIN GILBERT, MD / HEIDI HOULIHAN, MD
SEAN LISTON, MD / ROBERT REEVE, MD / DAVID WOODS, MD**

POST-PROCEDURE LASER INSTRUCTIONS

1. If your pupil was dilated, it will be sensitive to light; sunglasses/sunshields are recommended. If your pupil was constricted, you may experience a mild headache; you may take an over-the-counter pain medication, if needed.
2. Normal activity with some limitation to vision the day of procedure; If you had both eyes treated or had an Argon laser treatment, do not drive until vision is restored.
3. Follow-up appointment at **Chico Eye Center** on:
M T W TH F _____ @ _____ am/pm – Chico

OR

Pressure check at **Reeve-Woods Eye Center 1 hour after procedure** and then follow-up appointment on:

M T W TH F _____ @ _____ am/pm – Chico

4. Additional instructions:

Pred Forte 1% - 1 drop in affected eye 4 times a day for 7 days (*use only if box checked*)

I have received a copy of these instructions.

Patient Signature: _____ **Nurse:** _____

Chico Eye Center
605 W. East Ave.
Chico, CA 95926
530-895-1727

Reeve-Woods Eye Center
280 Cohasset Road
Chico, CA 95926
530-899-2244