



International Eyecare Center

Lasik Center • 2445 Broadway • Quincy, IL 62301 • 217-222-8800

**IMPORTANT**  
Review this  
checklist immediately  
Bring to your consultation

**BEFORE YOUR CONSULTATION – Please review these guidelines carefully.**

**IF YOU HAVE ANY OF THE CONDITIONS BELOW, contact Jenny Beeler, our Lasik Coordinator at 217-222-8800 or [jbeeler@iec2020.com](mailto:jbeeler@iec2020.com).**

**Please ✓check all your current conditions**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Amblyopic *                   | <input type="checkbox"/> Eye injuries/trauma *          | <input type="checkbox"/> Orthokeratology                                   |
| <input type="checkbox"/> Anesthetic corneas            | <input type="checkbox"/> Fuch’s dystrophy               | <input type="checkbox"/> Pacemaker   |
| <input type="checkbox"/> Anterior membrane dystrophy   | <input type="checkbox"/> Glaucoma *                     | <input type="checkbox"/> Poor wound healing                                |
| <input type="checkbox"/> Astigmatism over 6D           | <input type="checkbox"/> Herpes simplex keratitis       | <input type="checkbox"/> Pregnant (up to 6 months postpartum)              |
| <input type="checkbox"/> Cancer *                      | <input type="checkbox"/> Histoplasmosis                 | <input type="checkbox"/> Presbyopia only                                   |
| <input type="checkbox"/> Cataracts *                   | <input type="checkbox"/> Hyperopia over 10D             | <input type="checkbox"/> Previous corneal surgeries *                      |
| <input type="checkbox"/> Collagen Vascular Disease     | <input type="checkbox"/> Irregular corneal astigmatism  | <input type="checkbox"/> Pterygium *                                       |
| Dermatomyositis  | <input type="checkbox"/> Keloid formation *             | <input type="checkbox"/> Recurrent corneal erosions *                      |
| Lupus erythematosus                                    | <input type="checkbox"/> Keratoconus                    | <input type="checkbox"/> RK surgery  |
| Polyarteritis nodosa                                   | <input type="checkbox"/> Map-Dot dystrophy              | <input type="checkbox"/> Sjögrens syndrome                                 |
| Rheumatic fever  | <input type="checkbox"/> Myopia over 20D                | <input type="checkbox"/> Stromal neovascularization *                      |
| Rheumatoid arthritis                                   | <input type="checkbox"/> Narrow Palpebral fissure       | <input type="checkbox"/> Under 19 years old *                              |
| Sclerosis  | <input type="checkbox"/> Nystagmus                      | <input type="checkbox"/> Unstable refractions (must be stable for 2 years) |
| Marfan syndrome  | <input type="checkbox"/> Nursing (within past 6 months) |  |
| <input type="checkbox"/> Corneal scarring *            |   |  |
| <input type="checkbox"/> Diabetes *                    |   |  |
| <input type="checkbox"/> Epilepsy or seizure disorders |   |  |

**IF YOU TAKE ACCUTANE OR CORDARONE, contact our Lasik Coordinator at 217-222-8800 or [quincy@iec2020.com](mailto:quincy@iec2020.com).**

**YOUR CONSULTATION DAY**

- **Your consultation may take two hours to complete**
- **Your eyes will be dilated**
- **You will need someone to drive you home**

**CONTACT LENS REMOVAL PRIOR TO YOUR LASIK CONSULTATION:**

- **Soft lenses:** remove for 7 days prior to consultation
- **Soft lenses that are slept in:** remove for 2 weeks prior to your consultation.
- **Toric lenses:** remove for 2 weeks prior to your consultation
- **Gas-permeable lenses:** remove for 4 weeks prior to your consultation

**CUSTOM LASIK CANDIDATES** may need to travel to Quincy or Hannibal office for further testing prior to their procedure