

Admission Instructions

| Your surgery da | te is: Your surgery time is: |
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| Arrival: Please surgery time a | e arrive at the Kensington Eye Institute 60 to 90 minutes prior to your scheduled at: |
| Please note th | at our hours of operation are 7:00am to 5:00pm Monday to Friday. |
| Parking: The underground parking garage is located behind 340 College Street (via Brunswick Avenue). The garage is open from 6:45 am to 10 pm daily Monday to Friday and Sat and Sun 8am-6pm. If you need parking after these hours of operation, you can use the meter on the surface behind 340 College St at anytime. | |
| \$9.00 Day Max \$2.50 Per 1/2 I \$5.00 Evening | |
| Food: | Do Not have solid foods or milk products after Midnight. |
| Beverages: Clear fluids in | You may have clear liquids up to three hours before admission to the facility. nclude water or apple juice |
| Reminders: | Please bring your OHIP card to every visit. |
| | Please bring a valid form of payment (visa,m/c,debit,cash) if you are purchasing a premium lens. |
| you will not b | Please wear loose comfortable clothing with a full button up front, as be required to wear a hospital gown. |
| You will be d | ischarged from the facility 20-45 minutes after surgery. |
| We recomme | nd that you do not bring valuables to the facility. |
| If necessary, | please arrange for a family member/friend to act as translator. |
| Please arrange for an escort to accompany you home. | |
| You will not be able to drive a car for 24 hours post surgery. | |
| If you regularly take blood pressure or heart medication, please take as | |

A \$500.00 fee will apply for patients that cancel surgery with less than a one week notice. A \$100 fee will apply for patients who change their surgery date.

usual on the morning of surgery. If you are diabetic, do not take your oral or

insulin on the morning of surgery.