

Long Island Eye Surgery Center

601 Suffolk Avenue

Brentwood, NY 11717

631-231-4949 FAX 631-951-2022

Pre-Operative Ocular History

Name: _____ DOS: _____

Chief Patient Complaint:

Impression: _____

Planned Procedure:

Pre-Operative Orders

- Admit to Long Island Eye Surgery Center
- Routine vital signs on admission.
- NPO on admission.
- Other: _____

Special Needs/Equipment:

Physician Signature

Nurse Signature

Physician Name (print)

Date **Time**