

Cataract Surgery Info:

YOU MUST CONTACT YOUR PRIMARY CARE DOCTOR FOR APPOINTMENT TO FILL OUT HISTORY & PHYSICAL FORM.

Surgery Date: _____

Start Eye drops on: _____

1 drop each medicine every 6 hours in RIGHT / LEFT eye.

Pre-Op Date: _____ TIME: _____

MONTGOMERY SURGERY CENTER WILL CALL FOR A PRE-OP INTERVIEW.

DR. SINGH'S OFFICE WILL CALL YOU WITH YOUR ARRIVAL TIME.

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