



Are You A Candidate?

Name:

Phone:

E-Mail:

1. Do you have trouble seeing far away or up close?
 - a) Yes
 - b) No

2. Do you wear contact lenses or glasses?
 - a) Yes
 - b) No

3. How important is it for you to be glasses or contact lens free for activities such as driving, outdoor events and sports, or even watching TV?
 - a) I would like to be less dependent on my glasses or contact lenses for such activities
 - b) I do not mind wearing my glasses or contact lenses for such activities

4. What is your age?
 - a) Under 21
 - b) 21 – 40
 - c) 40 – 69
 - d) 69+

5. Which is more important to you?
 - a) Good vision up close for activities like reading or sewing
 - b) Good vision in the distance for activities like driving or sports

6. Would your career or business activities improve if you were to become less dependent on glasses or contacts?
 - a) Yes
 - b) No
 - c) Maybe

7. Would you like to hear more about the risks and benefits of LASIK?
 - a) From our LASIK coordinator
 - b) From our LASIK surgeon Dr. Geffin

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